Child Care and Development Fund (CCDF) Plan
For
Massachusetts
FFY 2022-2024

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1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: The Department of Early Education and Care

Street Address: 50 Milk Street, 14th Floor

City: Boston

State: MA

ZIP Code: 02109

Web Address for Lead Agency: https://www.mass.gov/orgs/department-of-early-education-and-care

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Samantha

Lead Agency Official Last Name: Aigner-Treworgy

Title: Commissioner

Phone Number: 617-988-6600

Email Address: Samantha.Aigner-Treworgy@mass.gov

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Samantha

CCDF Administrator Last Name: Aigner-Treworgy

Title of the CCDF Administrator: Commissioner

Phone Number: 617-988-6600

Email Address: Samantha.Aigner-Treworgy@mass.gov

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Thomas

CCDF Co-Administrator Last Name: Myers

Title of the CCDF Co-Administrator: Acting General Counsel

Description of the Role of the Co-Administrator: Responsible for the day to day management of the CCDF program in the Commonwealth, including analyzing and updating regulations and policies, as well as responding to inquiries related to the CCDF program from key stakeholders, including families, educators, providers, legislators and other State administrators.

Phone Number: 617-988-6600

Email Address: Thomas.b.myers@mass.gov

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

☑ a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

☐ b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

☐ C. Other.

Describe:

ii. Sliding-fee scale is set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

☐ C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

☐ C. Other.

Describe:

iv. Licensing standards and processes are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

☐ C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

☐ C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

☐ C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

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

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services. Who conducts eligibility determinations?

☑ CCDF Lead Agency

- [x] TANF agency
- [ ] Local government agencies
- [x] CCR&R
- [x] Community-based organizations

Who assists parents in locating child care (consumer education)?

- [x] CCDF Lead Agency
- [x] TANF agency
- [ ] Local government agencies
- [x] CCR&R
- [x] Community-based organizations

Who issues payments?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Local government agencies
- [x] CCR&R
- [x] Community-based organizations

Who monitors licensed providers?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Local government agencies
- [ ] CCR&R
- [ ] Community-based organizations

Who monitors license-exempt providers?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Local government agencies
- [ ] CCR&R
- [ ] Community-based organizations

Who operates the quality improvement activities?

- [x] CCDF Lead Agency

- ☐ TANF agency
- ☐ Local government agencies
- ☐ CCR&R
- ☐ Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

EEC contracts with Mass 211 to provide statewide information and referral services to families seeking early education and care programs and services in the Commonwealth.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

EEC's contracts with CCRRs and Community Organizations list the tasks to be performed, including compliance with all EEC Subsidy Regulations and Policies that further detail requirements for subsidy administration. EEC also holds an Interagency Service Agreement (ISA) with the Department of Transitional Assistance (DTA), the TANF Agency, that requires DTA to do the following:

1. Ensuring with the EOHHS Office of Federal Finance and Revenue that all programs

claimed as TANF or designated as TANF MOE, meet all necessary requirements, including, but not limited to:

2. Meeting one of the four TANF Goals, which are to:
3. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
4. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
5. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; or
6. Encourage the formation and maintenance of two-parent families;
7. Including only expenditures made on behalf of income-eligible families for all programs claimed under TANF or designated as TANF MOE for Goals 1 and 2.
8. Including only families meeting citizenship requirements for programs claimed as TANF reimbursement or designated as TANF MOE; and
9. Including only expenditures that meet the "new spending test" under 45 CFR 265.3 for programs designated as TANF MOE.
10. Additionally, the ISA requires the Executive Office of Health and Human Services to work "with DTA and EEC to ensure that no expenditures reported as federal TANF reimbursement or state TANF MOE under this ISA are claimed as federal revenue or state or local matching funds under a federal program other than the TANF program, (with the exception of those expenditures also claimed as TANF MOE for the Child Care Development Fund (CCDF) Block Grant)." All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families including family child care systems and Child Care Resource and Referral Agencies (CCRRs) are subject to fiscal and compliance monitoring by EECs ACR Unit. The EEC monitoring process has five (5) major components as follows:1. Identification of CCRR, Contract Provider, and Grant Awards (Sub-recipients), 2. Provider Risk Assessment Analysis Review (PRAAR), 3. Development of the On- Site Monitoring Review Schedule, 4. On-Site Monitoring Review (OSMR) and 5. Corrective Actions. The onsite monitoring program consists of activities to confirm that families receiving care through these contracts are eligible to receive services according to state and federal regulations and EEC policies. In addition, the monitoring program corroborates contractor compliance by verifying financial information, confirming compliance with audits and evaluating internal controls. EEC meets biweekly with our sister agencies under the Executive Branch, and regularly with the CCRRs, to work through eligibility policies, processes, and procedures. EEC's contracts with CCRRs and FCC Systems, as well as the Voucher Agreement CCRRs sign with individual child care providers includes requirements that EEC looks at for measures of success. For example, these agreements require payments within 5 days of receipts of funds. Compliance with this requirement is a key measure of success.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

EEC does not currently utilize CCDF funding in the development of its child care information systems or information technology, however, EEC has already engaged with other states and entered into Memorandums of Understanding (MOU) related to the sharing of code for its licensing database.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

EEC collects and maintains information about individuals who participate in EEC licensed and/or funded programs, including Licensees, Applicants, Registrants, program staff, program participants, and other stakeholders. The information is collected by EEC to carry out its Legislatively mandated functions of protecting the health and safety of children enrolled in EEC licensed and/or funded programs; ensuring that all children receive high quality early education and care services; preventing fraud, waste and abuse in EEC funded programs and initiatives; assisting families who need extra supports in their access to early education and care programs; and otherwise meeting EEC’s legislative mandate of

overseeing and regulating programs that affect the early education and care of children in the Commonwealth of Massachusetts as set forth in M.G.L. c. 15D. EEC is required by its licensing, subsidy, and Background Record Check regulations to collect certain personally identifiable information from individuals who participate in EEC licensed and/or funded programs and other EEC funded initiatives. The collection and dissemination of personally identifiable information is governed by the Public Records Law (M.G.L. c. 66, §10 and M.G.L. c. 4, §7, cl. 26), the Fair Information Practices Act (FIPA) (M.G.L. c. 66A and 801 CMR 3.00), the Security Breaches Statute (M.G.L. c. 93H), Executive Order 504, and other applicable laws and regulations, such as those dealing with Criminal Offender Record Information (CORI) (G.L., c. 6, §§172, 172a and 175) and Mandatory Reporting of Child Abuse or Neglect (G.L. c. 119, §§51A and 51B). Some of the information provided to EEC may be provided to a member of the public in response to a public records request made pursuant to M.G.L. c 66, §10. However, certain specific information is not considered a public record and is, therefore, exempt from disclosure. These exemptions are found in M.G.L. c. 4, §7, cl. 26. These exempt pieces of information include, but are not limited to, credit card numbers, Taxpayer Identification Number (TIN), Social Security Number (SSN), Background Record Check Information, personnel information or medical information, and such information is not considered public for purposes of disclosure under a public records request. In addition, personally identifiable information submitted to EEC will be disclosed only to EEC and other Commonwealth employees, contractors, or officials with a "need to know" the information in order to fulfill their specific job responsibilities. They will only use the information to fulfill the Commonwealth’s legal obligations, such as licensing and investigations, and to answer questions, and respond to any requests for assistance. Personally identifiable information will not be re-disseminated by EEC unless EEC is legally authorized to do so.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at
https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation
involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

EEC is overseen by an eleven member Board of Early Education and Care. In accordance with EEC's enabling act (M.G.L. c. 15D, § 3), membership of the Board shall include the Secretary of Education, the Secretary of Health and Human Services, and nine individuals appointed by the Governor. Of the members appointed by the Governor, 1 shall be a representative of the business community with a demonstrated commitment to education; 1 shall be an early education and care teacher, selected from a list of 3 nominees jointly provided by the Massachusetts Teachers Association and the Massachusetts Federation of Teachers; 1 shall be a parent or guardian of a child receiving early education and care services or a family childcare provider; 1 shall be a

provider of early education and care services with practical experience in the management and administration of early education and care programs; 1 shall be a person with expertise in the evaluation and assessment of successful pre-school education programs; 1 shall be a pediatrician with a focus on child development or a person nationally recognized for research in the field of educational psychology; and 3 shall be additional members. Pursuant to the Massachusetts General Laws, the Board is required to review and approve all federal grant applications, including the CCDF Plan. The Board meets monthly to decide high- level policy issues, including issues impacting all CCDF funded programs and services. In developing the CCDF State Plan for FFY2019-2021, EEC consulted the Board on multiple occasions via presentations at Board meetings, review of materials including the previous plan, the Draft pre-print from the federal government as well as drafts of and updates regarding the succeeding plan. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies, including representatives of general purpose local government.Additionally, as part of EEC's regular Advisory Council meetings, EEC regularly collaborates with MA School Association, the MA Elementary School Principal's Association, and the MA Association of School Superintendents, among other organizations.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The EEC Board has been designated to serve as the State Advisory Council in Massachusetts. Additionally, the Massachusetts General Laws establish an Advisory Board to provide input and guidance into many aspects of the planning and implementation of agency activities. The Advisory Board is comprised of representatives of the following groups: legislators, agencies with a vendor or contract relationship with EEC, Business/ Civic, State associations, those with Kindergarten-Grade 12 Linkages. The Advisory Board meets 4 times per year. In developing the CCDF State Plan, EEC consulted with and elicited feedback from the Advisory Council via presentations at meetings concerning the major CCDBG changes.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for

states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

There are two federally recognized tribes in the Commonwealth: the Wampanoag Tribe of Gay Head, based in Martha's Vineyard; and the Mashpee Wampanoag Tribe, based in Mashpee. For the FY22-24 plan cycle, EEC invited both tribes to participate in its public engagement sessions,which included an online presentation of the CCDF State Plan content and included live engagement with participants to illicit real time feedback.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

Since December 2020, EEC has conducted sessions for the general public to elicit feedback and share strategies represented in the CCDF State Plan. These have included sessions on the following topics represented here: stable assistance and affordability for families/subsidies; access to child care/ parent fees; health and safety/ licensing requirements; workforce recruitment and retention/ credentialing, Professional Registry, and educator regulations; and, continuous quality improvement/ program quality. To ensure accessibility, sessions were held live over zoom, and also offered for public viewing following each engagement. Each topic was offered during work hours and in the evening, with live Spanish interpretation. Live sessions used the Poll Everywhere software to ask targeted questions and receive feedback from multiple voices simultaneously; results were analyzed and incorporated actively into initiative planning and State Plan development. Finally, EEC supplemented sessions with 8 surveys to enable asynchronous participation, also offered in Spanish and English, across all topics. Sessions averaged ~300 attendees per individual live engagement and ~1500 responses per topic. From December 2020 - March 2021, over 7,500 responses were received to inform the State Plan.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the

public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. June 2. 2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a.
May 6, 2021

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

EEC posted notice regarding the public hearings on the CCDF State Plan on the Department's website, which requires compliance the Americans with Disabilities Act ("ADA") for purposes of accessibility. In addition, the information related to the dates and times for each of the public hearings was communicated to over 18,000 individuals that have signed up for regular e-mails from the Department's Commissioner's Office. EEC also posted the CCDF Plan on its newly created engagement portal, discussed the CCDF Plan at its May and June Board meetings, and allowed written public comment through June 22, 2021.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. EEC offered two online engagement session through the zoom platform. The engagement sessions were available through EEC¿s newly created engagement portal.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)
A copy of the draft plan was posted on EEC's website in its engagement portal. In addition, EEC offers the citizens of the Commonwealth several opportunities throughout the year to provide feedback and to guide the direction of the agency. For example, has offered a number of external engagement sessions through its new online engagement

portal to allow stakeholders to provide feedback on the Department¿s strategic direction.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? EEC reviewed the feedback provided during the public engagement session and presented a summary of the comments to its Board on June 8, 2021. The Board voted to approve the process for completing the CCDF Plan which included an extended public comment period for 2 weeks following the June 8th Board meeting to allow for additional written comment. EEC will present a memo to the Board that will be publicly available and summarize the comment received and any proposed changes. EEC will work closely with its Board to analyze the feedback received and make any necessary changes to align with the Department¿s strategic plan.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: https://www.acf.hhs.gov/occ/resource/pi-2009-01)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

h *ttps://www.mass.gov/lists/child-care-and-development-fund-ccdf-state-plans*

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

☑ Working with advisory committees.

Describe:

Massachusetts General Laws establish an Advisory Board to provide input and guidance into many aspects of the planning and implementation of agency activities. The Advisory Board is comprised of representatives of the following groups: legislators, agencies with a vendor or contract relationship with EEC, Business/ Civic, State associations, those with Kindergarten Grade 12 Linkages. The Advisory Board meets 4 times per year to discuss and provide feedback on the strategic direction of the agency. EEC discusses the CCDF Plan and any related content within CCDF Plan

amendments with the Advisory Board. EEC provides regular communications to the EEC Advisory Board, including announcements and publications related to the CCDF Plan, who share this information with their constituents.

☑ Working with child care resource and referral agencies.

Describe:

EEC attends monthly meetings of the Child Care Resource and Referral (CCRR) Network, in order to share information, review updates on their work, and strategize regarding the implementation of any planned policy changes to CCDF supported care that may impact their work and the children and families that they serve.EEC discusses the CCDF Plan and any related content within CCDF Plan amendments with the CCRRs. The CCRRs take information from meetings with EEC and share that with their contact lists of providers and parents, including sharing information on their social media pages about upcoming engagements and including information in email newsletters

☑ Providing translation in other languages.

Describe:

The new https://www.mass.gov website has a Google translator button at the top of all web pages, including EEC's web pages, whereby users can translate the page content into 12 different languages (Arabic, Chinese, French, Haitian Creole, Italian, Khmer, Korean, Polish, Portuguese, Russian, Spanish, and Vietnamese.) In addition, EEC has translated a number of important documents for parents, programs/providers, and the public who may speak languages other than English.

☐ Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

☑ Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

EEC will distribute the link to the copy of the final state plan on EEC's website, to EEC's Commissioner's Office email listserv of nearly 12,000 licensed programs, educators, and other stakeholders.

- [x] Working with statewide afterschool networks or similar coordinating entities for out-of-school time.
- [ ] Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:
-- extending the day or year of services for families;
-- smoothing transitions for children between programs or as they age into school;
-- enhancing and aligning the quality of services for infants and toddlers through school-age children;
-- linking comprehensive services to children in child care or school age settings; or
-- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

EEC is overseen by an eleven member Board of Early Education and Care. In accordance with EEC's enabling act (M.G.L. c. 15D, § 3), membership of the Board shall include the Secretary of Education, the Secretary of Health and Human Services, and nine individuals appointed by the Governor. Of the members appointed by the Governor, 1 shall be a representative of the business community with a demonstrated commitment to education; 1 shall be an early education and care teacher, selected from a list of 3 nominees jointly provided by the Massachusetts Teachers Association and the Massachusetts Federation of Teachers; 1 shall be a parent or guardian of a child receiving early education and care services or a family childcare provider; 1 shall be a provider of early education and care services with practical experience in the management and administration of early education and care programs; 1 shall be a person with expertise in the evaluation and assessment of successful pre-school education programs; 1 shall be a pediatrician with a focus on child development or a person nationally recognized for research in the field of educational psychology; and 3 shall be additional members. Pursuant to the Massachusetts General Laws, the Board is required to review and approve all federal grant applications, including the CCDF Plan. The Board meets monthly to decide high- level policy issues, including issues impacting all CCDF funded programs and services. In developing the CCDF State Plan for FFY2019-2021, EEC consulted the Board on multiple occasions via presentations at Board meetings, review of materials including the previous plan, the Draft pre-print from the federal government as well as drafts of and updates regarding the succeeding plan. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies, including representatives of general purpose local government.Additionally, as part of EEC's regular Advisory Council meetings, EEC regularly collaborates with MA School Association, the MA Elementary School Principal's

Association, and the MA Association of School Superintendents, among other organizations.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(l)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

The EEC Board has been designated to serve as the State Advisory Council in Massachusetts. Additionally, the Massachusetts General Laws establish an Advisory Board to provide input and guidance into many aspects of the planning and implementation of agency activities. The Advisory Board is comprised of representatives of the following groups: legislators, agencies with a vendor or contract relationship with EEC, Business/ Civic, State associations, those with Kindergarten-Grade 12 Linkages. The Advisory Board meets 4 times per year.

☐ Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

There are two federally recognized tribes in the Commonwealth: the Wampanoag Tribe of Gay Head, based in Martha's Vineyard; and the Mashpee Wampanoag Tribe, based in Mashpee. For the FY22-24 plan cycle, EEC invited both tribes to participate in its public engagement sessions.

☐ N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The Department of Public Health (DPH), which sits within the Executive Office of Health and Human Services (EOHHS), is the Lead Agency responsible for administering Part Cof the IDEA, whereas Part B of the IDEA is administered by ESE, which sits within

EOE. The Secretaries of both EOHHS and EOE serve as ex officio members of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies. In addition, ESE and EEC have continued an interagency service agreement (ISA) that supports joint professional development for the early education workforce on issues related to inclusion and supporting children with special needs. EEC has also partnered with DPH's Early Intervention Services program to establish and support Regional Consultation Programs (RCPs) to assist children with disabilities by providing expertise on inclusion and effective transition practices to early education and care programs. EEC is also a participating member of DPH's Interagency Collaborating Council (ICC), which is a federally mandated statewide inter-agency group that advises and assists DPH on issues related to Early Intervention services.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

EEC is the agency that receives and administers the Head Start State Collaboration Grant in MA. The HSSCO is funded by the Administration of Children and Families (ACF) through the Office of Head Start (OHS). The Collaboration Office provides a structure and a process for OHS to work with State agencies and local entities to leverage their common interests around young children and their families to formulate, implement, and improve state and local policy and practice.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

DPH, which sits within EOHHS, is the lead agency responsible for public health in the Commonwealth. The Secretary of EOHHS serves as an ex officio member of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

EEC has entered into a memorandum of understanding (MOU) with the Labor & Workforce Development Secretariat along with several other agencies, including the Executive of Education (EOE) and the Department of Elementary and Secondary Education (ESE) for the purpose of implementing new research and reporting tools designed to enhance evidence-based policymaking for the Commonwealth's education and career development pipeline. Under this MOU, relevant state Secretariats and Agencies are partnering to match individual student and wage records over time in order to analyze and better understand the relationship between the public education and training systems and the economy. The MOU serves as an overarching guide to allow the education departments to enter into specific data- sharing agreements with agencies more expeditiously and with greater consistency as the document establishes definitions, privacy and security expectations, and other common terms.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

In Massachusetts, the Executive Office of Education's (EOE) primary function is to advance public education in the Commonwealth by analyzing and implementing statewide education policy and developing a seamless education system from birth through higher education, which includes the Commonwealth's three education agencies: EEC, Elementary and Secondary Education (ESE), and Higher Education (DHE). The Secretary of EOE serves as an ex officio member of the Board of EEC, which meets a minimum of ten times annually to decide high-level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies, especially in regards to the development of the CCDF State Plan. In Massachusetts, the Executive Office of Education's (EOE) primary function is to advance public education in the Commonwealth by analyzing and implementing statewide education policy and developing a seamless education system from birth through higher education, which includes the Commonwealth's three education agencies: EEC, Elementary and Secondary Education (ESE), and Higher Education (DHE). The Secretary of EOE serves as an ex officio member of the Board of EEC, which meets a minimum of ten times annually to decide high-level policy issues, including issues impacting all CCDF funded programs and

services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies, especially in regards to the development of the CCDF State Plan.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

EEC is the state agency responsible for licensing in Massachusetts. EEC's licensing and subsidy units work closely to meet the agency's goals of protecting the health and safety of child care children and promoting continuity of care. For example, if EEC's licensing unit identifies a child care program with significant health and safety concerns, it will work closely with EEC's subsidy unit to ensure any CCDF children are transferred to another CCDF program with a little disruption to the family as possible.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

ESE, which sits within EOE, is the lead agency responsible for administering the CACFP in Massachusetts. The Secretary of EOE serves as an ex officio member of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

ESE, which sits within EOE, is the lead agency responsible for administering the McKinney-Vento Homeless Education Assistance Act in Massachusetts. The Secretary of EOE serves as an ex officio member of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

The Department of Transitional Assistance (DTA), which sits within EOHHS, is the lead agency responsible for TANF in the Commonwealth. The Secretary of EOHHS serves as an ex officio member of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies.

xiii. Agency responsible for Medicaid and the state Childrenâs Health Insurance Program. Describe the coordination goals, processes, and results:

EEC is a partner in the MassHealth Children's Behavioral Health Initiative (CBHI), to ensure that children with MassHealth coverage, who have significant behavioral, emotional and mental health needs and their families get the services they need for success in home, school, community, and throughout life.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

The Department of Mental Health (DMH), which sits within EOHHS, is the lead agency responsible for mental health in the Commonwealth. The Secretary of EOHHS serves as an ex officio member of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

EEC attends monthly meetings of the Child Care Resource and Referral (CCRR) Network, in order to share information, review updates on their work, and strategize regarding the implementation of any planned policy changes to CCDF supported care that may impact their work and the children and families that they serve.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

Since December 2020, EEC has conducted sessions for the stakeholders and the general public to elicit feedback and share strategies represented in the CCDF State Plan. These have included sessions on the following topics represented here: stable assistance and affordability for families/subsidies; access to child care/ parent fees; health and safety/ licensing requirements; workforce recruitment and retention/ credentialing, Professional Registry, and educator regulations; and, continuous quality improvement/ program quality. To ensure accessibility, sessions were held live over zoom, and also offered for public viewing following each engagement. Each topic was offered during work hours and in the evening, with live Spanish interpretation. Live sessions used the Poll Everywhere software to ask targeted questions and receive feedback from multiple voices simultaneously; results were analyzed and incorporated actively into initiative planning and State Plan development. Finally, EEC supplemented sessions with 8 surveys to enable asynchronous participation, also offered in Spanish and English, across all topics. Sessions averaged ~300 attendees per individual live engagement and ~1500 responses per topic. From December 2020 - March 2021, over 7,500 responses were received to inform the State Plan.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

EEC has engaged with the Massachusetts Emergency Management Agency (MEMA) in development of its emergency preparedness and response plan. EEC designates one member from the agency to participate in MEMA's cross agency emergency response team.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

☑ i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

The Head Start State Collaboration Office Director coordinates the partnership between EEC and the state's Early Head Start Partnerships. The Director is directly involved in the drafting of the Department's CCDF Plan.

☑ ii. State/territory institutions for higher education, including community colleges

Describe

The Department of Higher Education (DHE), which sits within the Executive office of Education (EOE), is the lead agency in charge if oversight of state and community colleges. EEC works with this DHE in a number of ways including educational offerings and requirements for educators as well campuses that have early education and care facilities on site.

☐ iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.

Describe

☑ iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

The Department of Public Health (DPH), which sits within the Executive Office of Health and Human Services (EOHHS), is the Lead Agency responsible for administering the Massachusetts Home Visiting Initiative (MHVI) MHVI which provides evidence-based home visiting services to families across the state through local service agencies. The Secretaries of both EOHHS and EOE serve as ex officio members of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services.

☑ v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

MassHealth governs the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services and Preventive Pediatric Health Care Screening and Diagnosis (PPHSD) in Massachusetts. EEC is a partner in the MassHealth Children's Behavioral Health Initiative (CBHI), to ensure that children with MassHealth coverage, who have significant behavioral, emotional and mental health needs and their families get the services they need for success in home, school, community, and throughout life.

☑ vi. State/territory agency responsible for child welfare.

Describe

The Department of Children and Families (DCF) within EOHHS is the lead agency responsible for child welfare in the Commonwealth. The Secretary of EOHHS is an ex officio member of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies.

☐ vii. Provider groups or associations.

Describe

☐ viii. Parent groups or organizations.

Describe

☐ ix. Other.

Describe

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

- [ ] No (If no, skip to question 1.5.2)
- [x] Yes. If yes, describe at a minimum:

a) How you define "combine"

EEC pools together federal and state funds that support the services provided by EEC. Through the child care subsidy program, EEC provides for "wrap-around" services, which enable full day/full year services for children participating in other federal or state funded educational opportunities (i.e., Head Start, public pre-school, and school age children attending public or private school within the K-12 education system).

b) Which funds you will combine

Child Care and Development Funds (CCDF), Temporary Aid to Need Families (TANF), Title IV-E of the Social Security Act, Social Services Block Grant (SSBG), and state appropriated funds.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

EEC pools funds to maximize federal revenue for the Commonwealth and to support full day/full year child care opportunities for children in the child care subsidy program.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

Massachusetts pools funds at the State level.

e) How are the funds tracked and method of oversight

Funds are tracked by the finance unit of EEC and are allocated through the federal draw process. Both the method of allocation and the draw process are subject to internal and external audit

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:
Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using

public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- [ ] a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- [x] b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

  i. If checked, identify the source of funds:

  General Revenue Funds

- [ ] c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

  i. If checked, are those funds:

  - [ ] A. Donated directly to the State?
  - [ ] B. Donated to a separate entity(ies) designated to receive private donated funds?

  ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

- [ ] d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

  If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

  i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

☐ e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

☐ f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

EEC has engaged in a public private partnership with New Profit to piloting an innovative strategy to support retention of educators and directors through the Early Childhood Support Organization (ECSO) Initiative, through the provision of intensive. leadership development services to licensed center-based programs across the Commonwealth. The ECSO services are targeted to support capacity building of onsite program directors to facilitate routines for continuous improvement and professional learning among educators. During the COVID-19 health emergency, EEC established partnerships to provide needed PPE and COVID-19 testing to child care programs across the state. PPE was initially delivered through a partnership with the MA Emergency Management Agency (MEMA) and then shifted to a contract with a vendor to provide additional supplemental PPE through the remainder of the fiscal year. Available PPE includes both child and adult sized masks, gloves, bleach, disinfecting wipes, and more. Additionally, to supplement other available testing resources in the Commonwealth, EEC contracted to provide no-cost COVID-19 testing with rapid turnaround times solely for adults and children affiliated with child care. Nine testing sites were established across the state to operate 6 days a week. These sites have performed over 2500 tests to date. Additionally, EEC also partners with the Early Care & Education Consortium (ECEC), which is a nonprofit organization representing leaders in the child care industry, including high-quality multi-site child care providers, education service providers, and state child care associations. In Massachusetts, ECEC members operate 162 licensed centers employing nearly 6,300 educators and staff. Together, our programs have the capacity to care for over 11,000 children in the Commonwealth. ECEC also represents a diverse network of for-profit child care centers, ranging from nearly all subsidy to private-pay. EEC and ECEC collaborate throughout the Plan implementation period to expand accessibility and continuity of care.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.

- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide

additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

- ☐ No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- ☑ Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

The current CCRR contract focuses its resources on the following areas: (1) Services to families, including ensuring families have access to high quality consumer information about their child care options, providing resources and referrals that meet their specific needs, and providing eligibility assessments and access to EEC subsidized child care; (2) provide services to providers including recruitment and contract management, training and technical assistance, and monitoring; (3) coordination with other agencies and programs, including EEC Regional Operations/Licensing, the Department of Transitional Assistance (DTA), the Department of Children and Families (DCF), Mass211, Coordinated Family Community Engagement (CFCE) grantees, Educator and Provider Support (EPS) grantees, and service area communities and the early education field; and (4) general CCRR administration and management. CCRRs are responsible for collecting and reporting data to EEC, which includes data, including data on services under Section 619 and Part C of the Individuals with Disabilities Education Act and data on the supply of and demand for child care services in the state. There are six CCRRs contracted by EEC who also operate as a statewide network. EEC holds brief calls every week with the Network to coordinate urgent priorities. The Network also holds longer monthly meetings with each other and EEC to coordinate efforts across the Commonwealth. During the COVID pandemic, EEC has leveraged the CCRR Network

to assist in a number of areas, including assisting with payment to Emergency Providers during the mandated shut down and to help distribute CARES Act Funding. During the early days of the pandemic, EEC held daily calls with the CCRR Network to ensure coordination of services to families and providers. EEC continues to leverage the assistance of the CCRR Network as we distribute state and federal funding and continues to hold longer weekly calls with the Network to coordinate services.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agencyâs experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

- [x] No
- [ ] Yes

If yes, describe the elements of the plan that were updated: Click or tap here to enter text.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

- ☑ a. The plan was developed in collaboration with the following required entities:
- ☑ i. State human services agency
- ☑ ii. State emergency management agency
- ☑ iii. State licensing agency
- ☑ iv. State health department or public health department
- ☑ v. Local and state child care resource and referral agencies
- ☑ vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- ☑ b. The plan includes guidelines for the continuation of child care subsidies.
- ☑ c. The plan includes guidelines for the continuation of child care services.
- ☑ d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- ☑ e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
- ☑ i. Procedures for evacuation
- ☑ ii. Procedures for relocation
- ☑ iii. Procedures for shelter-in-place
- ☑ iv. Procedures for communication and reunification with families
- ☑ v. Procedures for continuity of operations
- ☑ vi. Procedures for accommodations of infants and toddlers
- ☑ vii. Procedures for accommodations of children with disabilities
- ☑ viii. Procedures for accommodations of children with chronic medical conditions
- ☑ f. The plan contains procedures for staff and volunteer emergency preparedness training.
- ☑ g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

https://www.mass.gov/lists/child-care-and-development-fund-ccdf-state-plans

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- [x] a. Application in other languages (application document, brochures, provider notices)
- [x] b. Informational materials in non-English languages
- [x] c. Website in non-English languages
- [x] d. Lead Agency accepts applications at local community-based locations
- [x] e. Bilingual caseworkers or translators available
- [x] f. Bilingual outreach workers
- [x] g. Partnerships with community-based organizations
- [x] h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- [x] i. Home visiting programs
- [x] j. Other.

Describe:

Many subsidy administrators working directly with families have bilingual staff in the primary language of their clients to provide services in the family's native language. When there is no bilingual staff present, EEC staff and subsidy administrators have access to telephonic translation services to better serve families whose first language is not English. EEC has worked with the Massachusetts Office of Refugees and Immigrants to create the list of most common spoken languages for our subsidy

families and, subject to available funding, EEC has dedicated resources for the translation of documents into these primary languages.

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- [ ] a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- [x] b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- [ ] c. Caseworkers with specialized training/experience in working with individuals with disabilities
- [x] d. Ensuring accessibility of environments and activities for all children
- [x] e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- [ ] f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- [x] g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- [x] h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- [x] i. Other.

Describe:

EEC provides families with information to other available human service programs in a variety of ways, through the Child Care Resource and Referral Agencies, Mass211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. In addition to providing all of the information about child care options, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as, Early Intervention, DESE, DPH, the DMH, DTA, DCF, and the Massachusetts Commission for the Deaf and Hard of Hearing. Information may be provided in-person,

via telephone, through online resources, or in printed materials. Parents with disabilities are also included with the Commonwealth's definition of "protective services", as a result, parents with disabilities may qualify for CCDF child care subsidies without participating in an approved activity for up to two years upon approval by EEC. Early Childhood Mental Health (ECMH) consultation programs provide consultation services to adults engaging with children and families to address and support the social emotional development and behavioral health of children in early education and care and out-of-school time settings. The early childhood mental health consultation services funded by the Department of Early Education and Care's (EEC) Mental Health Consultation Grant are available state-wide and may be accessed by the entire mixed delivery system, including children receiving CCDF. ECMH consultants also provide support and guidance to programs, educators, and families to address the developmental, emotional, and behavioral challenges of infants and young children to ensure healthy social-emotional development, reduce the suspension and expulsion rate in early education and care settings, and promote school success. EEC established a dedicated webpage for families, providers and the general public to obtain information on ECMH: www.mass.gov/eec/ecmh. This website describes the scope of ECMH services available, as well as a listing of the current ECMH grantees and resources. The consultation services offered through the FY2020 Mental Health Consultation Grant include mental health supports, strategies, and services that address the developmental, emotional, and behavioral challenges of infants and young children and their families to promote school success, ensure healthy social emotional development, and reduce the suspension and expulsion rate in early education and care settings. Furthermore, the child care licensing regulations establish requirements related to requests for reasonable accommodations for any child enrolled in an early education program subject to EEC licensure. For children receiving CCDF with special needs/disabilities, EEC has limited flexible funding available on a first come, first served, case-by-case basis to provide temporary financial support to programs to successfully transition and include a subsidized child with disabilities/special needs. Appropriate fund use may include: consultation to identify necessary supports for the child, training for program staff, specialized equipment, or a temporary aide position to enhance staffing. EEC considers this funding as a temporary and preparatory step and expects a program to integrate any funded accommodations into its regular practice, in order to enhance the program's ability to better meet the child's needs. Through funding from DESE and an

Interagency Service Agreement from EEC to DPH's Regional Consultation Program (RCPs,) resources are available to families to facilitate transitions from Early Intervention to Early Education and Care Programs and to support children eligible for Special Education Services. In addition, the RCPs support children with disabilities and their families who participate in Early Education and Care programs in an ongoing way. Additionally, EEC has begun exploring the idea of hiring a K-12 mental health/special ed access coordinator to provide further mental health and special need supports.

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Parents or the general public are encouraged to contact the EEC Regional Office, the program’s licensor, or another EEC representative when they wish to submit a complaint about a child care program. Regional offices generally maintain a ”licensor on duty” who is available during business hours to receive complaints about child care programs. Parents or the general public can also submit a complaint via e-mail or other methods, and anonymous complaints can be received.EEC may also receive complaints about a child care program through other methods, including contact with the program’s CCRR or through an allegation of abuse or neglect filed with the Department of Children and Families.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

EEC's process for complaints is to review all matters that are reported to determine whether they will be screened in as a complaint. EEC defines substantiated complaint as any regulatory non-compliance that is related to a complaint received by the Department. A response to a complaint may result in an unannounced monitoring visit or an investigation, depending upon the severity of the allegations raised in the complaint. If the unannounced visit or investigation resulted in non-compliances unrelated to the initial complaint allegation, the non-compliances would not be considered a substantiated complaint. Through its statewide computerized tracking system, EEC logs and tracks all complaints, incidents and other information that it receives about licensedand license-exempt CCDF child care providers from a variety of sources, such as parents, concerned individuals, other state agencies, and providers themselves. From the time a complaint comes in to EEC to the time a statement of noncompliance is issued is dependent on the circumstances. However, the prescribed timeline is to complete an investigation of a complaint and issue a statement of non-compliance within 2 weeks or less. This date may be extended due to the severity of the allegations or the investigation may result in the need for additional outreach to collateral contacts. EEC has also implemented a similar procedure for CCDF-Funded Programs. Any individual or CCRR may file a complaint pertaining to a health and safety concern at a License-Exempt Funded Program. All complaints will be reviewed and screened by EEC staff. Based on the nature of the complaint, an EEC Monitor or Investigator may be assigned to investigate the complaint. EEC will investigate all allegations against License-Exempt Funded Programs of non- compliance with health and safety standards. EEC will notify the CCR&R or in writing of any enforcement action taken against a provider. EEC will also notify the CCR&R in writing if/when the health and safety concerns are remediated and referrals, placements or payments may be resumed.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Substantiated parental complaints about a child care program are maintained in EEC's electronic LEAD database. Substantiated parental complaints about a child care program are maintained in a similar fashion to any other complaint received about a program. As described above, the complaint would be investigated depending on the nature of the complaint and the severity, andstatements of non-compliance would be issued to the program if regulatory violations were identified. There are no relevant differences between how substantiated parental complaints are handled for CCDF and non-CCDF provider.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Substantiated parental complaints, like all substantiated complaints or allegations against child care programs, are posted to EEC's consumer education website. EEC posts the results of all visits and investigations to the program's child care search profile page, which is accessible to the public. Following an investigation, EEC will issue statements of non-compliance, identifying the regulations violated. In addition, the program would provide their corrective action plans for each regulatory non-compliance identified. The statements of non-compliance and corrective action plans would be accessible to the public for each investigation.Upon request, EEC may release reports from complaint investigations and monitoring visits, as such records are considered public records. See M.G.L. c. 66, §10. Prior to releasing any reports to the public, EEC staff review the records to ensure any personally identifiable, confidential or statutorily protected information/data is redacted (i.e., identity of complainants, references to supported abuse or neglect allegations, social security numbers, etc.). See M.G.L. c. 4, §7, cl. 26 (c), (e) and (f), M.G.L. c. 66A and M.G.L. c. 93H.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

Complaints: Referral, Notification and Corrective Action:https://www.mass.gov/lists/licensing-policies-for-group-and-school-age-child-care-programs

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agencyâs policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

EEC ensures that its website is consumer friendly and easily accessible in a number of ways. EEC's website can be found at mass.gov/eec, and as part of the mass.gov ecosystem, the site is fully ADA compliant and organized consistently to other Massachusetts government websites. The website is fully searchable (both within the site and through search engines), and is written in plain language. EEC ensures that the website is well organized and is separated into sections such as Key Information, Top Actions and Services, Recent News and Announcements, and links to other relevant materials. EEC also recently launched its Strategic Action Plan portal (eecstrategicplanportal.org), which is an even more robust method of engagement with the public and stakeholders. On this site, EEC posts surveys, engagement opportunities, news, information pertaining to the strategic plan, and other relevant engagement materials.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

As part of theMass.Gov website network, the EEC website is fully translatable into 28 languages. In addition, many of EEC's external engagements feature live translation into Spanish, Portuguese, and Mandarin.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

As part of theMass.Gov website network, the EEC Website is fully ADA compliant.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2
Information regarding licensing: https://www.mass.gov/child-care-program-licensing.
Information regarding license exemptions: https://www.mass.gov/doc/criteria-for-exemption-from-licensing-0/download

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:
https://www.mass.gov/doc/eec-inspections-and-visits-policy/download

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.
https://www.mass.gov/eec-background-record-checks

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:
https://www.mass.gov/eec-background-record-checks

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

https://eeclead.force.com/EEC_ChildCareSearch

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- [x] i. License-exempt center-based CCDF providers
- [ ] ii. License-exempt family child care (FCC) CCDF providers
- [ ] iii. License-exempt non-CCDF providers
- [ ] iv. Relative CCDF child care providers
- [ ] v. Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- [x] Contact Information
- [x] Enrollment capacity
- [x] Hours, days and months of operation
- [ ] Provider education and training
- [x] Languages spoken by the caregiver
- [x] Quality Information
- [x] Monitoring reports
- [x] Willingness to accept CCDF certificates
- [x] Ages of children served

License-Exempt CCDF Center-based Providers

- [x] Contact Information
- [ ] Enrollment capacity
- [x] Hours, days and months of operation
- [ ] Provider education and training
- [x] Languages spoken by the caregiver
- [ ] Quality Information
- [ ] Monitoring reports
- [x] Willingness to accept CCDF certificates
- [ ] Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- [ ] Contact Information
- [ ] Enrollment capacity
- [ ] Hours, days and months of operation
- [ ] Provider education and training
- [ ] Languages spoken by the caregiver
- [ ] Quality Information
- [ ] Monitoring reports
- [ ] Willingness to accept CCDF certificates
- [ ] Ages of children served

License-Exempt Non-CCDF Providers

- [ ] Contact Information
- [ ] Enrollment capacity
- [ ] Hours, days and months of operation
- [ ] Provider education and training
- [ ] Languages spoken by the caregiver
- [ ] Quality Information
- [ ] Monitoring reports
- [ ] Willingness to accept CCDF certificates
- [ ] Ages of children served

Relative CCDF Providers

- [ ] Contact Information

- ☐ Enrollment capacity
- ☐ Hours, days and months of operation
- ☐ Provider education and training
- ☐ Languages spoken by the caregiver
- ☐ Quality Information
- ☐ Monitoring reports
- ☐ Willingness to accept CCDF certificates
- ☐ Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

☑ i. All Licensed providers.

Describe

Programs can provide additional information about their programs, such as environmental aspects of their program, transportation, available schedule options, services for children with special needs, meals and food, and special skills offered by the program

☑ ii. License-exempt CCDF center-based providers.

Describe

Programs can provide additional information about their programs, such as environmental aspects of their program, transportation, available schedule options, services for children with special needs, meals and food, and special skills offered by the program.

☐ iii. License-exempt CCDF family child care providers.

Describe

☐ iv. License-exempt, non-CCDF providers.

Describe

☐ v. Relative CCDF providers.

Describe

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- ☐ i. Quality rating and improvement system
- ☑ ii. National accreditation
- ☐ iii. Enhanced licensing system
- ☐ iv. Meeting Head Start/Early Head Start Program Performance Standards
- ☐ v. Meeting Prekindergarten quality requirements
- ☐ vi. School-age standards, where applicable
- ☐ vii. Other.

Describe

b) For what types of providers are quality ratings or other indicators of quality available?

☑ i. Licensed CCDF providers.

Describe the quality information:

NAEYC or NAFCC Accreditation

☑ ii. Licensed non-CCDF providers.

Describe the quality information:

NAEYC or NAFCC Accreditation

☐ iii. License-exempt center-based CCDF providers.

Describe the quality information:

☐ iv. License-exempt FCC CCDF providers.

Describe the quality information:

☐ v. License-exempt non-CCDF providers.

Describe the quality information:

☐ vi. Relative child care providers.

Describe the quality information:

☐ vii. Other.

Describe

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must

post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- [x] i. Full monitoring reports that include areas of compliance and non-compliance.
- [ ] ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- [x] Date of inspection
- [x] Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

Child fatalities or series injuries identified on an investigation will be displayed on the investigation page in an "outcome code" field.

- [x] Corrective action plans taken by the state and/or child care provider.

Describe:

Full corrective action plans are published for each non-compliance identified as a result of the monitoring visit or investigation.

- [x] A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

https://eeclead.force.com/EEC_ChildCareSearch

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

EEC posts the results of monitoring and inspection reports no later than 90 days after the close of the visit or investigation. In most cases, the results of the visit or investigation are posted shortly after the close of the visit or investigation. A visit or investigation is considered closed when any statements of non-compliance are issued to the program, and all corrective action plans are received and approved by the licensor.

h *ttps://www.mass.gov/doc/posting-visits-and-investigations-to-child-care-directory-on-consumer-education-website/download*

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

EEC defines plain language consistent with the Plain Writing Act of 2010 which describes writing that is clear concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience. EEC has policies that reference the plain language requirement and set forth the process for posting reports to the website: Posting Visits and Investigations to the Consumer Education Website: https://www.mass.gov/doc/posting-visits-and-investigations-to-child-care-directory-on-consumer-education-website/download

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

Monitoring and inspection reports are posted in a user-friendly and visual way, using the exact text that was shared between the provider and the program. Visual indicators are used to clearly display the results of the visit or investigation.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Any inaccuracies with the information in the investigation or visit reports should be reported to the program's EEC licensor. If an inaccuracy is identified after a report is

posted, then EEC will review the information and determine within seven (7) days whether it should be removed or corrected. Depending on the seriousness of the inaccuracy, EEC may correct or remove the information online immediately until it can resolve the inaccuracy. If the inaccuracy is minor, then EEC will not remove the information and will apply the correction within 30 days. If the non-compliance relates to legal action that is under appeal, then EEC may correct or remove information to align with the final outcome of the appeals process. Such changes must occur within 30 days of the final outcome. *https://www.mass.gov/doc/process-for-contesting-findings-from-visits-and-investigations/download*

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:
-- filing the appeal
-- conducting the investigation
-- removal of any violations from the website determined on appeal to be unfounded.
A program has the right to formally appeal the findings and results of an investigation. The right to a formal appeal is dependent on the regulatory action that EEC intends to take against the program, consistent with due process and EEC's regulations. A program's right to appeal any EEC-issued non-compliance is simply the ability to respond to the finding in a corrective action plan. There is not a formal appeals process beyond the corrective action plan unless EEC takes additional legal action (such as by issuing sanctions, an emergency suspension order, a revocation order, refusal to issue, refusal to renew, or a fine). See 102 CMR 1.08. The right to file a Request for Administrative Reconsideration extends to a program when EEC sanctions a program. See 102 CMR 1.08(1)(a). The licensee may file with the General Counsel a written request for administrative reconsideration. The request is limited to direct and specific reasons why the notice of sanction or any portion should be rescinded or modified. Within 15 business days after receipt of a Request for Administrative Reconsideration, the EEC General Counsel shall grant, deny, or otherwise act on such request. See 102 CMR 1.08(1)(b). The right to file for a formal hearing extends to a program when EEC intends to impose the following regulatory action on a program: Denial of issuance of a license, Refusal to renew a license, Revocation of a license 5, Issuance of a probationary license, Suspension of a license, Imposition of a civil monetary fine on a program Should EEC take the above regulatory actions against a program, the program may file an appeal with the Division of Administrative Law Appeals ("DALA") within 21 days of date of the receipt

of the legal order See 102 CMR 1.08(2)(a). For an emergency suspension of a license, the program must file their appeal within five business days. See 102 CMR 1.07(5)(a). From there, the program is entitled to an administrative hearing pursuant to the Standard Adjudicatory Rules of Procedure - Formal Rules set forth at 801 CMR 1.01. See id. At the conclusion of the hearing, the DALA Administrative Magistrate will issue a recommended decision. The EEC Commissioner will then issue a Final Agency Decision regarding the regulatory action taken. See 102 CMR 1.08(2)(b). If a Final Agency Decision is not issued within 180 days, then the Recommended Decision by the DALA Administrative Magistrate becomes the Final Agency Decision. See 801 CMR 1.01(11)(c)3.
Providers also can contest the findings of a monitoring visit or investigation during the exit interview process, which consists of a meeting between EEC and the provider to discuss the findings. The provider will also have the ability to respond to the findings through a corrective action plan, which is part of the full monitoring visit findings that is posted to the web site.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).
Once visit and investigations reports are completed and closed, the results of the visit or investigation is posted to the Programs' profile page on the Child Care Search. Programs will have 5 years of visit investigation reports available on the Child Care Search, starting from October 1, 2019. *https://www.mass.gov/doc/posting-visits-and-investigations-to-child-care-directory-on-consumer-education-website/download*

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of

care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Serious injuries of deaths of children occurring in child care must be reported to EEC, pursuant to 606 CMR 7.04(15)(a). As a result, EEC is the Lead Agency that would receive and compilate the aggregate data. https://www.mass.gov/doc/definition-of-death-serious-injury-and-substantiated-child-abuse/download

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

Child abuse is defined as "a finding by the Department of Early Education and Care that a child in child care was abused or neglected, pursuant to 606 CMR 7.11(4)(c)(3). https://www.mass.gov/doc/definition-of-death-serious-injury-and-substantiated-child-abuse/download

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

Serious Injury: An injury to any child which occurs while such child is in care which results in hospitalization or emergency medical treatment. The following injuries, as individual instances, are not considered serious injuries: o Injury where medical attention is sought as a precaution and requires no treatment. Tests used to establish a diagnosis (such as x-rays) are not considered treatment. o Seizures o Bee stings that do not necessitate a 911 call o Radial head subluxation, also knows as "Nursemaids elbow" or "pulled elbow" o Cuts, scrapes, or other minor breaks in the skin that can be appropriately treated by using surgical glue, Durabond or Steri-strips o Contusions (bruising) o Sprains. https://www.mass.gov/doc/definition-of-death-serious-injury-and-substantiated-child-abuse/download

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- [x] i. the total number of serious injuries of children in care by provider category/licensing status
- [x] ii. the total number of deaths of children in care by provider category/licensing status
- [x] iii. the total number of substantiated instances of child abuse in child care settings
- [x] iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

https://eeclead.force.com/EEC_DeatChildAbuseSeriousInjuryReports

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

Each child care program's associated CCRR is listed on the program's profile page on the Child Care Search. Contact information and a link to the CCRRs website is included for each program. https://eeclead.force.com/EEC_ChildCareSearch

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

The following information text is listed on each programs Child Care Search page: "Licensed providers are responsible for maintaining certain information on this page. If you have questions about a specific child care provider, please contact the provider directly or contact

the EEC regional office for more information. EEC Regional Office contact information can be found via link on a provider's profile page." In addition, the contact information for the EEC Regional Office responsible for oversight of the program can be found on each provider's profile page. https://eeclead.force.com/EEC_ChildCareSearch

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

www.mass.gov/eec

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

EEC provides programs with information to other available human service programs in a

variety of ways, through the Child Care Resource and Referral Agencies (CCRRs), Mass 211, and EEC's network of Coordinated Family and Community Engagement (CFCE) grantees across the Commonwealth. Through the express terms of the contract and through regular meetings, EEC ensures the CCRRs, Mass211 and the CFCE grantees have current information related to comprehensive services and EEC priorities. These entities maintain information on local and/or regional comprehensive services available to families, including TANF. In addition to providing all of the information about TANF, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, short-term rental assistance, shelter programs, heating assistance, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as, Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, the Department of Transitional Assistance, the Department of Housing and Community Development, and the Department of Children and Families. Information may be provided in-person, via telephone, through online resources, or in printed materials. EEC also has a Child Care Search for parents, families, and members of the community to find information about Child Care Programs: https://eeclead.force.com/EEC_ChildCareSearch.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

☑ a. Temporary Assistance for Needy Families program:

EEC provides providers with information to other available human service programs in a variety of ways, through the Child Care Resource and Referral Agencies, Mass 211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. Through the express terms of the contract and through

regular meetings, EEC ensures the CCRRs, Mass211 and the CFCE grantees have current information related to comprehensive services and EEC priorities. These entities maintain information on local and/or regional comprehensive services available to families, including TANF. In addition to providing all of the information about TANF, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as, Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, the Department of Transitional Assistance and the Department of Children and Families. Information may be provided in-person, via telephone, through online resources, or in printed materials.

☑ b. Head Start and Early Head Start programs:

EEC provides providers with information to other available human service programs in a variety of ways, through the Child Care Resource and Referral Agencies, Mass 211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. Through the express terms of the contract and through regular meetings, EEC ensures the CCRRs, Mass211 and the CFCE grantees have current information related to comprehensive services and EEC priorities. These entities maintain information on local and/or regional comprehensive services available to families, including Head Start (HS) and Early Head Start (EHS). In addition to providing all of the information about HS and EHS, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as, Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, the Department of Transitional Assistance and the Department of Children and Families. Information may be provided in-person, via telephone, through online resources, or in printed materials.

☑ c. Low Income Home Energy Assistance Program (LIHEAP):

EEC provides providers with information to other available human service programs in a variety of ways, through the Child Care Resource and Referral Agencies, Mass 211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. Through the express terms of the contract and through regular meetings, EEC ensures the CCRRs, Mass211 and the CFCE grantees have current information related to comprehensive services and EEC priorities. These entities maintain information on local and/or regional comprehensive services available to families, including LIHEAP. In addition to providing all of the information about LIHEAP, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as, Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, the Department of Transitional Assistance and the Department of Children and Families. Information may be provided in-person, via telephone, through online resources, or in printed materials.

☑ d. Supplemental Nutrition Assistance Programs (SNAP) Program:

EEC provides providers with information to other available human service programs in a variety of ways, through the Child Care Resource and Referral Agencies, Mass 211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. Through the express terms of the contract and through regular meetings, EEC ensures the CCRRs, Mass211 and the CFCE grantees have current information related to comprehensive services and EEC priorities. These entities maintain information on local and/or regional comprehensive services available to families, including SNAP. In addition to providing all of the information about SNAP, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as

well as, Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, the Department of Transitional Assistance and the Department of Children and Families. Information may be provided in-person, via telephone, through online resources, or in printed materials.

☑ e. Women, Infants, and Children Program (WIC) program:

EEC provides providers with information to other available human service programs in a variety of ways, through the Child Care Resource and Referral Agencies, Mass 211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. Through the express terms of the contract and through regular meetings, EEC ensures the CCRRs, Mass211 and the CFCE grantees have current information related to comprehensive services and EEC priorities. These entities maintain information on local and/or regional comprehensive services available to families, including WIC. In addition to providing all of the information about WIC, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as, Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, the Department of Transitional Assistance and the Department of Children and Families. Information may be provided in-person, via telephone, through online resources, or in printed materials.

☑ f. Child and Adult Care Food Program(CACFP):

EEC provides providers with information to other available human service programs in a variety of ways, through the Child Care Resource and Referral Agencies, Mass 211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. Through the express terms of the contract and through regular meetings, EEC ensures the CCRRs, Mass211 and the CFCE grantees have current information related to comprehensive services and EEC priorities. These entities maintain information on local and/or regional comprehensive services

available to families, including CACFP. In addition to providing all of the information about CACFP, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as, Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, the Department of Transitional Assistance and the Department of Children and Families. Information may be provided in-person, via telephone, through online resources, or in printed materials.

☑ g. Medicaid and Children's Health Insurance Program (CHIP):

EEC provides providers with information to other available human service programs in a variety of ways, through the Child Care Resource and Referral Agencies, Mass 211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. Through the express terms of the contract and through regular meetings, EEC ensures the CCRRs, Mass211 and the CFCE grantees have current information related to comprehensive services and EEC priorities. These entities maintain information on local and/or regional comprehensive services available to families, including CHIP. In addition to providing all of the information about CHIP, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as, Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, the Department of Transitional Assistance and the Department of Children and Families. Information may be provided in-person, via telephone, through online resources, or in printed materials.

☑ h. Programs carried out under IDEA Part B, Section 619 and Part C:

EEC provides providers with information to other available human service programs in a variety of ways, through the Child Care Resource and Referral Agencies, Mass 211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. Through the express terms of the contract and through regular meetings, EEC ensures the CCRRs, Mass211 and the CFCE grantees have current information related to comprehensive services and EEC priorities. These entities maintain information on local and/or regional comprehensive services available to families, including IDEA. In addition to providing all of the information about IDEA, they may provide information on additional comprehensive supports, such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of agencies as well, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as, Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, the Department of Transitional Assistance and the Department of Children and Families. Information may be provided in-person, via telephone, through online resources, or in printed materials.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

-- what information is provided

-- how the information is provided

-- how the information is tailored to a variety of audiences, including:

- parents

- providers

- the general public

-- any partners in providing this information

Description:

EEC shares information through direct communication via our state, regional and community- based partners, by addressing a family's specific need on an individual basis, or through general communication across communities, which may include newsletters, email blasts and/or dissemination of online resources. Through the Race to the Top Early Learning Challenge Grant, EEC, including those developed in partnership with the WGBH Educational Foundation and Boston Children's Museum, created Resources for Early Learning, a media-rich site of educational resources to help support adults families and educators who teach, nurture, and care for children from birth to age five. These resources were developed by a team of early childhood experts, educators, and parents. WGBH's Resources for Early Learning contains activities for parents and early educators to engage with young children, parenting education videos, WGBH- themed videos and interactive games for young children that focus on language and science concepts, curricula for early educators, and professional development for early educators (For more information visit the Resources for Early Learning website: http://www.resourcesforearlylearning.org). Through the Race to the Top Early Learning Challenge Grant, EEC Resources developed for educators and families, in partnership with the Boston Children's Museum, created resources for educators and families around focus on four core areas, STEM, Brain Building, School Readiness and Literacy, translated in many languages (For more information, please visit:http://www.bostonchildrensmuseum.org/learning-resources/race-to-the-top.) Various research and best practice resources are also available on EEC's website, including: Infant Toddler and Preschool Guides: http://www.mass.gov/edu/birth-grade-12/early- education-and-care/parent-and-family-support/https://www.mass.gov/service-details/massachusetts-early-learning-guidelines-for-infants-and-toddlers; Brain Building in Progress website: http://brainbuildinginprogress.org/the-science; Choosing Child Care Tips: http://www.mass.gov/edu/birth-grade-12/early-education- and-care/find-early-education-and-care-programs/types-of-early-education-and-care- programs-and-tips-for-parents-on-selecting-a-quality-program/; Early Learning Standards, including Massachusetts Standards for Preschool and Kindergarten in the Domains of Social and Emotional Learning, and Approaches to Play and Learning (available in multiple languages): http://www.mass.gov/edu/birth- grade-12/early-education-and-care/curriculum-and-learning/pre-school-and- kindergarten-standards.html; Guidelines, including the

Massachusetts Early Learning Guidelines for Infants and Toddlers : http://www.eec.state.ma.us/docs1/curriculum/20110519_infant_toddler_early_learning_guidelines.pdf; Child Development Guidance for Parents of Young Children: https://www.mass.gov/service-details/child-development-guidance-for-parents-of-young-children; Early Intervention Resources for Families: https://www.mass.gov/service-details/resources-for-families-receiving-early-intervention-services-in-early-education; Early Childhood Assessment Resources: https://www.mass.gov/service-details/early-childhood-assessment; Massachusetts Early Learning Guidelines for Infants and Toddlers; Early Childhood Program Standards for 3 and 4 Year Olds; and Guidelines for Preschool Learning Experiences; PreK Science, Technology and Engineering Standards; and PreK and Kindergarten Standards in Social-Emotional Development and Approaches to Play and Learning: https://www.mass.gov/eec-learning-standards-and-curriculum-guidelines. EEC also collaborates with the DSE and the DPH to ensure information, training and resources on social and emotional behavior is provided to the entire mixed-delivery system, which includes those working in family child care homes, center-based programs, and those that are exempt from licensing. In partnership with ESE, the Commonwealth has developed the Massachusetts Standards for Preschool and Kindergarten in the Domains of Social and Emotional Learning, and Approaches to Play and Learning (available in multiple languages): http://www.mass.gov/edu/birth-grade-12/early-education-and-care/curriculum-and-learning/pre-school-and-kindergarten-standards.html. Training modules on the standards for both educators and families are in development and will be offered across Massachusetts in Spring 2016. EEC's partners include CCRRs, CFCE grantees, Mass 211, EPS grantees, United Way, Head Start, and contracted providers, as well as state partners like DCF, DPH, and DTA. EEC continues to integrate the content of the Massachusetts Standards for Preschool and Kindergarten in the Domains of Social and Emotional Learning and Approaches to Plan and Learning, developed in collaboration with the Department of Elementary and Secondary Education, in professional development opportunities for the field of early childhood. In addition, EEC is working with the Pyramid Model Consortium to design and deliver a statewide initiative to train and provide coaching to staff of no less than 20 early education and care programs on this model. Participants include educators, administrative team leaders, and internally- based coaches. Trained externally-based behavioral health coaches will provide support to internally-based coaches with the implementation of the Pyramid Model. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a conceptual framework of evidence-based practices and is widely accepted as best practice in the field of early childhood. This initiative is intended to

coordinate with efforts currently underway by the Department of Public Health (DPH) Early Intervention (EI) program and the Department of Elementary and Secondary Education (ESE) related to the implementation of the Pyramid Model in their respective sectors. The overarching goal is to build cross sector, system-wide supports for early education and care programs to support the healthy social, emotional and behavioral health of all children, and to strategically build the capacity of programs through supporting community-wide implementation, while maintaining fidelity of the Pyramid Model approach and reducing external support and coaching. The Pyramid Model Consortium will also be working with an evaluator to evaluate the efficacy of this initiative within early education and care programs to provide data and recommendations to the state for scaling up this work and embedding it into workforce priorities and the Quality Rating and Improvement System (QRIS).

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,

- how the information is provided, and

- how information is tailored to a variety of audiences, and

- include any partners in providing this information.

Description:

In Massachusetts, Early Childhood Mental Health (ECMH) consultation programs provide consultation and coaching services to address and support the social-emotional development and behavioral health of children in early education and care and out-of-school time settings. The early childhood mental health consultation services funded by the Department of Early Education and Care's (EEC) Mental Health Consultation Grant are

available state-wide and may be accessed by the entire mixed delivery system, including children receiving CCDF. ECMH consultants also provide support and guidance to programs, educators, and families to address the developmental, emotional, and behavioral challenges of infants and young children to ensure healthy social-emotional development, reduce the suspension and expulsion rate in early education and care settings, and promote school success. EEC established a dedicated webpage for families, providers and the general public to obtain information on ECMH: www.mass.gov/eec/ecmh. This website describes the scope of ECMH services available, as well as a listing of the current ECMH grantees and resources. The consultation services offered through the FY2018 Mental Health Consultation Grant include mental health supports, strategies, and services that address the developmental, emotional, and behavioral challenges of infants and young children and their families to promote school success, ensure healthy social-emotional development, and reduce the suspension and expulsion rate in early education and care settings. As part of a broader comprehensive statewide system of mental health supports for children and families, EEC is a partner in the MassHealth Children's Behavioral Health Initiative (CBHI), to ensure that children with MassHealth coverage, who have significant behavioral, emotional and mental health needs and their families get the services they need for success in home, school, community, and throughout life. In addition to CBHI, EEC participates in a variety of interagency working groups to leverage existing resources to support social and emotional health and to strengthen capacity and build common language across the early childhood field. in collaboration with the Department of Mental Health (DMH), funds a statewide system of early childhood mental health (ECMH) consultation services. EEC has awarded grants to provide early childhood mental health consultation services that meet the needs of the programs, providers, educators, children, families, and communities throughout the Commonwealth. The consultation services offered through the FY2015 Mental Health Consultation Grant include mental health supports, strategies, and services that address the developmental, emotional, and behavioral challenges of infants and young children and their families to promote school success, ensure healthy social-emotional development, and reduce the suspension and expulsion rate in early education and care settings.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

EEC licensing regulations state that if a program chooses to suspend or terminate a child for any reason the program must provide written documentation to the parents of the specific reasons for the proposed suspension or termination of the child, and the circumstances under which the child may return, if any. See 606 CMR 7.04(3)(b) for the licensing regulations pertaining to documentation of suspension or expulsion of children in licensed early education and care settings. In addition, all licensed center-based group and school age child care programs are required to have written policies in place to avoid terminations and expulsions, which must include must include: (1) providing an opportunity to meet with parents to discuss options other than suspension or termination; (2) offering referrals to parents for evaluation, diagnostic or therapeutic services; (3) pursuing options for supportive services to the program, including consultation and educator training; and (4) developing a plan for behavioral intervention at home and in the program. EEC's Compliance Requirements for CCDF Funded Center-Based Programs adopted the same suspension and expulsion policies. See Compliance Requirement 8.07 for the requirements pertaining to the procedures for avoiding suspension and expulsion of children in CCDF Funded Programs.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:
Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid

program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

Pursuant to EEC child care licensing regulations, all early education and care providers are required to collect and maintain children's records which include: documentation of annual physical examinations, updated immunizations and lead screening; and documentation of the results of vision, hearing and dental screenings. For any families, including children receiving CCDF, that are unable to comply with the child records requirements due to lack of health insurance, the early education and care provider shall make a referral to Mass Health, which is the state Medicaid agency, for purposes of linking the family to the Early and Periodic Screening, Diagnosis, and Treatment program. All licensed providers are required to complete progress reports on children participating in the child care program. Progress reports for infants and children with documented special needs must be completed every three months, progress reports for toddlers and pre-school aged children are required every six months, and progress reports for school age children must be completed at least annually at the mid-point of the program year. Notwithstanding the progress report timelines, all licensed providers must document any special problems and significant developments and bring such issues to the parent's attention as soon as they arise. In such instances, the licensee must offer information regarding health and educational resources for the child and family; and obtain parental consent prior to contacting any outside social, educational or health care resource or service provider on behalf of an individual child. In addition to EEC's Licensing Regulations, the Massachusetts Special Education laws articulate the responsibilities of the Local Education Agencies regarding the provision of Preschool Screenings as follows: Each school district shall conduct screening for three and four

year-old and for all children who are of age to enter kindergarten. Such screening shall be designed to review a child's development and to assist in identification of those children who should be referred for an evaluation to determine eligibility for special education services.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). Pursuant to EEC child care licensing regulations, all early education and care providers are required to collect and maintain children's records which include: documentation of annual physical examinations, updated immunizations and lead screening; and documentation of the results of vision, hearing and dental screenings. For any families, including children receiving CCDF, that are unable to comply with the child records requirements due to lack of health insurance, the early education and care provider shall make a referral to Mass Health, which is the state Medicaid agency, for purposes of linking the family to the Early and Periodic Screening, Diagnosis, and Treatment program. All licensed providers are required to complete progress reports on children participating in the child care program. Progress reports for infants and children with documented special needs must be completed every three months, progress reports for toddlers and pre-school aged children are required every six months, and progress reports for school age children must be completed at least annually at the mid-point of the program year. Notwithstanding the progress report timelines, all licensed providers must document any special problems and significant developments and bring such issues to the parent's attention as soon as they arise. In such instances, the licensee must offer information regarding health and educational resources for the child and family; and obtain parental consent prior to contacting any outside social, educational or health care resource or service provider on behalf of an individual child. In addition to EEC's Licensing Regulations, the Massachusetts Special Education laws articulate the responsibilities of the Local Education Agencies regarding the provision of Preschool Screenings as follows: Each school district shall conduct screening for three and four-year-old and for all children who are of age to enter kindergarten. Such screening shall be designed to review a child's development and to assist in identification of those children who should be referred for an evaluation to determine eligibility for special

education services. The Massachusetts Quality and Improvement Rating System (QRIS) requires all Level 3 or higher participants, which includes all recipients of the Massachusetts Universal Pre- Kindergarten (UPK) grant, to use screening tools, progress reports, formative assessments and information gathered through observation to set goals for individual children across all developmental domains. Any early education and care provider may make a referral to the state's Department of Public Health's Early Intervention Programs to obtain an evaluation with the child and family to determine eligibility. If such direct contacts are made by the program, the licensee must maintain a written record of such contacts and the results of such contacts. Further, the child care licensing regulations require all licensed group and school age programs to develop and implement written plans for referring parents to appropriate social, mental health, educational and medical services (i.e., EPSDT or IDEA), including but not limited to dental check-up, vision or hearing screening for their child, should the program staff feel that an assessment for such additional services would benefit the child. The written plan shall include, but not be limited to the following: 1. staff responsibilities for informing the licensee of their concern;2. procedures for observing and recording the child's behavior and reviewing the child's record prior to making a referral; 3. procedures for meeting with parents to notify them of the program's concern; 4. a current list of referral resources in the community for children in need of social, mental health, educational or medical services. This list shall include the contact person for St. 1972 c.766 and Early Intervention Program referral; 5. written notice to the appropriate administrator of special education that the licensee is serving a child with a disability, if the child is 2 years and 9 months old or older; and 6. written notice to the administrator of the DPH Early Intervention program if the licensee is serving a child with a disability who is younger than two years and nine months old. Infants and toddlers in EEC licensed programs are expected to be referred to Early Intervention if they are: 1. not reaching age-appropriate milestones in one or more areas; 2. diagnosed with a physical, emotional, or cognitive condition that may result in a developmental delay; or 3. at risk for developmental delay(s) due to various biological and/or environmental factors.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

Subsidy administrators are required to provide the state policies and available information to families on the following topics: Children's social emotional behavioral

health, including any positive behavioral health intervention and support models; Policies to prevent suspension and expulsion of children from early education and care programs; developmental screening information, including existing resources and services available to provide screenings, including those available under the federal IDEA and the Early and Periodic Screening, Diagnosis, and Treatment program; and how a family or provider may use developmental screening resources and services to obtain developmental screenings for children at risk of cognitive or developmental delays.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Families or child care providers may utilize the preschool screenings as offered through the school districts to obtain developmental screenings for children who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. In addition to the aforementioned referrals and screenings, the state's Coordinated Family and Community Engagement (CFCE) grantees work directly with interested parents and families in community-based settings to offer developmental screenings for young children. CFCE programs offer the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire Social Emotional (ASQ-SE) developmental screening tools to parents who consent to have their child screened. Depending on the outcome of the screening, CFCE programs can make referrals to Early Intervention, the special education department in the local school district, or to other appropriate services. In addition to accessing information about ASQ screening locally, parents and families who are interested having their child screened with the ASQ/ASQ-SE are able to be connected to their local CFCE program via the Mass 211 hotline. The 90 CFCE programs across the Commonwealth embed specific information about ASQ in their communications and programming for families to encourage them to access this opportunity to strengthen their knowledge about their child's growth and their capacity to support optimal child development.

e) How child care providers receive this information through training and professional development.

The Training and Technical Assistance on Developmental Screening Grant program allows eligible grantees to receive CEU training in developmental screening using ASQ-3™ and ASQ:SE-2™ for each grantee's program administrator or designee, up to five

hours of technical assistance in supporting all program staff implementing the screening process, and 10 hours of individualized technical assistance for all program staff implementing the screening process in the following competencies: using the screening process to document children's development across developmental domains; using aggregate program-wide data to identify and address trends across each Grantee's program; identifying supports and action steps needed to address those trends; addressing the trends; and documenting and reflecting on the impact of this screening process using continuous quality improvement (CQI) planning. EEC plans to expand the grant program over the next 2-3 years. The goals for this expansion are supporting effective professional development and implementation of developmental screening across early education program types and increasing overall program quality as measured by the State's QRIS. Furthermore, EEC contracts with Family Child Care Systems to administer financial assistance for child care to income eligible families in the Commonwealth and a centralized administrative function to a network of family child care providers. Family Child Care Systems support providers while increasing access to affordable, quality early education and care for all families. The Family Child Care System contracts with family child care providers who wish to take advantage of resources and supports such as training, technical assistance and consultation, monitoring, and referrals to health and social services for children in their care.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

606 CMR 7.06(5) - Documenting and Reporting Special Problems or Significant Developments; and 603 CMR 28.03(1)(d) - Pre-School Screening Requirements.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

For families that are undecided on their childcare provider, the CCRR will provide parents with a Choosing Child Care pamphlet that provides an overview of both licensed and licensed-exempt childcare options. For families that have already chosen a provider, the CCRR will issue the parent a Child Care Application and Fee Agreement. Effective October 1, 2018, the Child Care Application and Fee Agreement contains a link to EEC's web site where the parent can obtain additional information on their chosen provider as described in 2.6.1(b).

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- [x] Health and safety requirements met by the provider
- [x] Licensing or regulatory requirements met by the provider
- [x] Date the provider was last inspected
- [x] Any history of violations of these requirements
- [x] Any voluntary quality standards met by the provider
- [x] How CCDF subsidies are designed to promote equal access
- [x] How to submit a complaint through the hotline
- [x] How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

The Choosing Child Care pamphlet is given to new families during their initial assessment at the CCRR and provides an overview of the EEC's child care options. The pamphlet also provides a link to EEC's web site whereby the parent can search providers by zip code and obtain additional information, including contact information, enrollment capacity, rates, schedule, years in operation, education and training of provider/staff, the

affiliated CCRR, types of financial assistance accepted, special needs, available public transportation, and languages spoken. Effective October 1, 2018, the Child Care Application and Fee Agreement also contains a link to EEC's web site where the parent can obtain additional information on their chosen provider. The Child Care Application and Fee Agreement is provided to parents who have already chosen a provider following the completion of their authorization at the CCRR. EEC is in the process of ensuring that its web site contains links to each provider's monitoring and inspection reports that will include health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, and any history of violations of these requirements. EEC's website also includes an abundance of resources including EEC's complaint process, partner agencies, including CCRR contact information, and links to its Market Rate Survey, which describe how CCDF subsidies are designed to promote equal access.

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed $1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4))); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 0 months

(weeks/months/years)

through 12 years

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-

care?(658E(c)(3)(B), 658P(3))

☐ No

☑ Yes,

and the upper age is 15 tears

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: EEC defines a ¿child with special needs¿ as ¿a child who, because of temporary or permanent disabilities arising from intellectual, sensory, emotional, physical, or environmental factors, or other specific learning disabilities, is or would be unable to progress effectively in a regular school program¿.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

☑ No.

☐ Yes

and the upper age is

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

i. "residing with":

For purposes of determining eligibility for subsidized child care, a family is defined as one of the following: (a) Parents and their dependent children and any dependent relatives who reside in the same household; or (b) a young parent and his or her child(ren) who reside in the same household.

ii. "in loco parentis":

For the purposes of determining eligibility, EEC defines "caregiver" as "a person who lives with, supervises, and cares for a child or children whose parents do not live in the home, such as a foster parent, legal guardian (temporary or permanent), or designated caregiver".

3.1.2 Eligibility criteria: Reason for care

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

i. Define what is accepted as "Working" (including activities and any hour requirements):

EEC regulations and policies establish the following approved employment related activities, which qualify as "working" for purposes of determining eligibility for subsidized child care: paid employment in a position that pays no less than the minimum wage in the state wherein the employment takes place; self-employment, including paid in cash, that shows income equivalent to the minimum wage of the state wherein the employment takes place; actively deployed military service; or retirement, if applicant is age 65 or older. EEC regulations define hour requirements in terms of a "service need" equal to the amount of time a parent is participating in an approved employment related activity. Participation in an approved employment activity for at least 30 hours or more per week results is considered a full time service need, whereas in an approved employment activity for at least 20 hours, but less than 30 hours per week is considered a part time service need. Additionally, if a parent has established a minimum of 20 hours of service need and the child is not transported to/from the early education and care program by someone other than the Parent, up to 5 hours of travel time per week may be added to a parent's service need provided that the travel is related to the necessary time to/from the child care program and the parent's employment.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

EEC regulations and policies establish the following as approved training activities, which qualify as "job training" for purposes of determining eligibility for subsidized child care: a high school equivalency program (e.g., GED or HISet), vocational training program, or an ESOL program that meets one of the following criteria: is included on the Executive Office of Labor and Workforce Development's (EOLWD) MassHire Eligible Training Provider List (ETPL) (currently found at

https://jobquest.dcs.eol.mass.gov/jobquest/Training.aspx or subsequent EOLWD website); is in the Department of Elementary and Secondary Education's (DESE) Adult Education Program Directory (directory may be found at www.doe.mass.edu/acls/directory.html); is offered by an accredited college or university; is offered through the Department of Transitional Assistance's (DTA) Employment Services Program; is offered through the Learn to Earn Program, administered by the Executive Office of Labor and Workforce Development through the Commonwealth Corporation; Is a Nurse Aide Registry Program approved by the Division of Health Care Facility Licensure and Certification (list of programs may be found at www.mass.gov/info-details/learn-how-to-become-a-certified-nurse-aide-in-massachusetts#training-); Is an EMT training institution accredited by the Department of Public Health's Office of Emergency Medical Services (list of programs may be found at www.mass.gov/service-details/find-an-accredited-emt-training-institution); Is a vocational training program approved by the Division of Professional Licensure (www.mass.gov/orgs/division-of-professional-licensure); or Is an apprenticeship program monitored by the Division of Apprentice Standards (www.mass.gov/how-to/apply-to-become-an-apprentice).

iii. Define what is accepted as "Education" (including activities and any hour requirements):

EEC regulations and policies establish the following as approved education activities, which qualify as "education" for purposes of determining eligibility for subsidized child care: full-time high school program or accredited college/university leading to an associate's or bachelor's degree, not including graduate, medical or law degrees.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

EEC regulations and policies define hour requirements in terms of a "service need" equal to the amount of time a parent is participating in an approved education or training activity. The service need for Parents participating in a full time high school program will be considered full time, regardless of the program's schedule. The service need for Parents participating in college coursework with 12 credit hours or more will be considered full time. For Parents participating in less than 12 credit hours, the actual credit hours shall be multiplied by 2.5 to establish a child care need. For

accelerated semester schools, Parents who present with a classroom schedule reflecting 12 hours or more per week of classroom time will be determined to have a Full-time Service Need. Those with a class schedule of at least eight hours, but less than 12 hours per week of classroom time will be determined to have a Part-time Service Need. The service need for Parents participating in education or training programs other than college or high school, including high school equivalency programs, is 2.5 hours of service for each hour spent in the education or training program per week. Work study hours and required practical and clinical experiences (including student teaching or internships) are counted as hours of employment, for the purpose of determining service need. Additionally, if a parent has established a minimum of 20 hours of service need and the child is not transported to/from the early education and care program by someone other than the Parent, up to 5 hours of travel time per week may be added to a parent's service need provided that the travel is related to the necessary time to/from the child care program and the parent's education activity.

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

- [x] Yes
- [ ] No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

- [ ] No.
- [x] Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

EEC defines "protective services" as "any Parent authorized for a Child Care Subsidy based on a clinical decision by the Department of Children and Families, including foster care, or any Parent who is unable to provide child care for any

portion of a 24-hour day due to a situation of domestic violence or homelessness; a physical, mental, emotional or medical condition; or participation in a drug treatment or drug rehabilitation program."

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- [ ] No
- [x] Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

- [ ] No
- [x] Yes

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

- [ ] No
- [x] Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- [ ] No
- [x] Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination?

When determining financial eligibility, EEC considers relevant income as wages or salary (including overtime), social security benefits, alimony, child support, and public assistance. For earned income, EEC requires applicants to submit 4 out of the most recent 6 weekly pay stubs. If self-employed, including paid in cash, or an independent contractor, applicants must submit employment verification forms, including report of self-employment earnings, and copies of most recent federal tax returns. For unearned income, a parent may submit copies of award letters (i.e., social security benefits, unemployment compensation, worker's compensation, retirement benefits, etc.), copies of court orders, child support enforcement records or other agreements (i.e., alimony or child support), or may sign a self-declaration form. For in-kind earnings, self -declaration or other informal agreement may be submitted.

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI($/Month)	85% of SMI ($/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	N/A	N/A	N/A	N/A
2	$7,438	$6,322	$3,719	50% SMI
3	$9,188	$7,810	$4,594	50% SMI
4	$10,938	$9,297	$5,469	50% SMI
5	$12,688	$10,785	$6,344	50% SMI

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the

jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

Not Applicable as income limits are statewide.

d. SMI source and year. Low Income Home Energy Assistance Program (LIHEAP), 2022

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Not applicable as the income limits are statewide

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 10/1/2021

g. Provide the citation or link, if available, for the income eligibility limits.
https://www.mass.gov/doc/state-median-income-smi-eligibility-chart-fy2022/download

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed $1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed $1,000,000 (e.g., a checkoff on the CCDF application).

EEC requires families to complete a Household Income Statement as part of the eligibility process and certify their household does not have assets with a combined value of more than $1 million. EEC defines assets as valuables including, but not limited to, all houses or other buildings, real property, vehicles, cash, bank accounts, cash value of life insurance policies, trusts, stocks, bonds, and overall business value, including equipment, jewelry, livestock, or other goods.

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

☐ No.

☑ Yes.

If yes, describe the policy or procedure and provide citation:

EEC waives the asset limit for homeless families, active TAFDC recipients, and for families with active protective services cases with DCF. See EEC Financial Assistance Regulations and the EEC Financial Assistance Policy Guide found at https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

Under regulations and policy, parents must supply full documentation in order to determine eligibility before a subsidy authorization may begin. Full documentation for Initial Authorization this includes documentation for proof of: identity; Massachusetts residency; citizenship or immigration status of any Child seeking a Child Care Subsidy; gross household income including all required documentation; service need including all required documentation; relationship of the parent to all children and dependent relatives; and all required EEC Forms. Full documentation for DCF-Related Initial Authorizations includes documentation for proof of: identity; referral form from DCF; and all required EEC forms. Full documentation for DTA-Related Initial Authorizations includes documentation for proof of: identity; referral form from DTA; and all required EEC forms. Full documentation for DTA-Transitional Initial Authorizations includes documentation for proof of: identity (if not on file); referral form from DTA; Massachusetts residency; gross household income including all required documentation; service need including all required documentation; relationship of the parent to all children and dependent relatives not listed on the DTA referral; and all required EEC forms (DTA-Post Transitional follows DTA-Transitional guidelines for initial authorizations). EEC has provided Subsidy Administrators with a detailed checklist that shows the required documentation for each program to avoid confusion. Parent(s) who do not have an approved activity at time of initial eligibility determination may be granted a Provisional Authorization of to seek and certify an approved activity. This includes parent(s) on maternity/paternity leave at eligibility determination, parent(s) enrolled in a non-approved training program, newly

employed parent(s) unable to certify employment in full at eligibility assessment, or Parent(s) seeking to qualify with a service need of Incapacity of Parent. During the COVID-19 Emergency, EEC has implemented temporary interim policies that allow a family to be granted a provisional authorization if the family is unable to certify employment or participation in education/training program in full at eligibility assessment. Under COVID policies, a provisional authorization length has been extended from 12 weeks to 26 weeks.

b. eligibility redetermination.

Under regulations and policy, parents are notified at least 45 days prior to end date of authorization and must supply full documentation within a reasonable time frame before authorization ends so that assessment may be completed in full. Full documentation for reauthorization includes documentation for proof of: Massachusetts residency; gross household income including all required documentation; and service need including all required documentation; and all required EEC forms. Full documentation for DCF-Related reauthorizations includes documentation for proof of: renewal from DCF, unless the child has changed caregivers when all documentation required for initial authorizations must be submitted. Full documentation for DTA-Related reauthorizations includes documentation for proof of: referral form from DTA; and all required EEC forms. Full documentation for DTA-Transitional reauthorizations includes documentation for proof of: referral form from DTA; Massachusetts residency; gross household income including all required documentation; service need including all required documentation; relationship of the parent to all children and dependent relatives not listed on the DTA referral; and all required EEC forms. Full documentation for DTA Post-Transitional reauthorizations includes documentation for proof of: Massachusetts residency; gross household income including all required documentation; service need including all required documentation; relationship of the parent to all children and dependent relatives not listed on the DTA referral; and all required EEC forms. EEC has provided Subsidy Administrators with a detailed checklist that shows the required documentation for each program to avoid confusion. A parent that is unable to provide all of the required documentation prior to the end date of the authorization will have 30 days to provide all documentation and return to care, but care will not be extended once the authorization has ended. Parents may be granted provisional authorizations at redetermination in certain circumstances: parents who lost or changed their service need within 30 days of reauthorization and parents on medical or maternity/paternity leave at the time of

reauthorization. During the COVID-19 Emergency, EEC has implemented temporary interim policies that allow more families to be granted a provisional authorization, including: parents who lost their service need or had their hours reduced (with no time limit); parents who changed service need (with no time limit); or if the family is unable to provide full documentation of a service need or income. Under COVID policies, a provisional authorization length has been extended from 12 weeks to 26 weeks. The family must provide all documentation and complete the reauthorization by the end of the provisional authorization. Additionally, EEC is allowing families that do not reauthorize 60 days to complete reauthorization and return to the subsidy.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- [x] a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- [ ] b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- [ ] c. Establishing minimum eligibility periods greater than 12 months
- [x] d. Using cross-enrollment or referrals to other public benefits
- [ ] e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- [x] f. Working with entities that may provide other child support services.
- [x] g. Providing more intensive case management for families with children with multiple risk factors;
- [ ] h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities

☐ i. Other.

Describe:

3.1.7 Fluctuation in earnings.

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

- ☑ Average the family's earnings over a period of time (i.e. 12 months).
- ☑ Request earning statements that are most representative of the family's monthly income.
- ☐ Deduct temporary or irregular increases in wages from the family's standard income level.
- ☑ Other.

  Describe:

  For individuals that claim irregular earnings resulting from bonuses, over-time, or seasonal earnings. EEC regulations and policies currently allow for the submission of a minimum of 4 of the most recent 6 pay stubs and other documentation to show that the earnings were irregular (such as documentation of a one-time bonus). If the family chooses to submit earnings covering a longer period of time, they may choose to do so to demonstrate ""regular"" earnings." For inconsistent or lump-sum payments, such as child support, EEC looks only at payments received in the prior four weeks. Inconsistent payments from the prior four weeks are averaged together to get one weekly value. Lump sum payments are divided by 12 to calculate a monthly value.

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often.

Check all that apply.

- [x] Applicant identity.
- [x] Required at Initial Determination
- [ ] Required at Redetermination

Describe:

EEC requires applicants to submit an original, valid, and unexpired photo identification, such as driver's license, passport, or school identification card. ID is not required at redetermination if it is already on file.

- [x] Applicant's relationship to the child.
- [x] Required at Initial Determination
- [ ] Required at Redetermination

Describe:

EEC requires applicants to submit documentation of each dependent child under 18, or under 24 if child is a full-time student, to verify relationship. Documentation includes birth certificates, hospital birth records, social security benefit records, court records or other relevant documents, or school records.

- [x] Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).
- [x] Required at Initial Determination
- [ ] Required at Redetermination

Describe:

EEC requires applicants to submit documentation of each child seeking financial assistance that shows that the child is a U.S. citizen, a non-U.S. citizen national, or a qualified non-citizen individual, including birth certificates, passports, report of birth abroad, or immigration documentation. In addition, applicants must verify relationship and age of child, as discussed above.

- [x] Work.
- [x] Required at Initial Determination
- [x] Required at Redetermination

Describe:

EEC requires applicants to submit documentation verifying employment, which may

consist of recent pay stubs or completed self-employment packets and tax returns for self-employed or independent contractors.

☑ Job training or educational program.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

EEC requires applicants to submit documentation verifying the program's schedule (hours, days/week and/or credits), including a transcript or written statement from the program.

☑ Family income.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

For earned income, EEC requires applicants to submit 4 out of the most recent 6 weekly pay stubs. If self-employed or an independent contractor, applicants must submit employment verification forms, including a report of self-employment earnings, and copies of most recent federal tax returns. For unearned income, copies of award letters (i.e., social security benefits, unemployment compensation, worker's compensation, retirement benefits, etc.), copies of court orders, child support enforcement records or other agreements (i.e., alimony or child support), or a self-declaration statement may be submitted. For in-kind earnings, a self-declaration or other informal agreement may be submitted. Parents must also complete a Household Income Statement at each authorization and reauthorization that details the various income types received.

☑ Household composition.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

EEC requires applicants to report all household members and attest to report veracity, under the pains and penalties of perjury, through a Household Composition form. If subsidy manager has reason to believe applicants have provided incomplete, false,

and/or misleading information, additional documentation may be requested to document the residence of non-reported family members. A list of acceptable documentation is contained in the EEC Financial Assistance Policy Guide. Concerns of fraud are reported to the Bureau of Special Investigations within the State Auditor's Office for further investigation.

☑ Applicant residence.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

EEC requires applicants to submit documentation at each reassessment that must show that the applicant's current primary address is located within the Commonwealth. Post Office Box addresses and 911 emergency residence verifications will not be accepted as proof of residency. A list of acceptable documentation is contained in the EEC Financial Assistance Policy Guide.

☑ Other.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

open protective services cases based on supported allegations of abuse or neglect. For DTA-Related child care, applicants must obtain a referral from DTA verifying an open cash claim for TAFDC benefits. For homeless families who want to use homelessness as a service need, in addition to the requirements above, applicants must obtain a referral from DHCD or DCF confirming residence in a shelter program, a referral letter from a non-DHCD or DCF shelter, or certification of McKinney-Vento homelessness. The McKinney-Vento Certification process in place in Massachusetts is a simple questionnaire process that the parent completes with either their public school system (if there is a school age child in the household) or with the CCRR to confirm that the parent meets the criteria of homeless under McKinney-Vento. The actual certification document is a simple form signed by the CCRR or school system that confirms the parent has met the criteria and that can be kept in the parent's subsidy file. EEC worked with the Department of Elementary and Secondary Education to match the questionnaire process that has been used for years by all

public school systems in Massachusetts. For teen parent contracts, in addition to the requirements above, applicants must verify participation in high school or GED program or receipt of high school diploma or GED and participation in any approved work, education or training program.

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

- [ ] Time limit for making eligibility determinations
  Describe length of time:

- [x] Track and monitor the eligibility determination process
- [ ] Other.
  Describe:

- [ ] None

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required 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 younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

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 CCDF 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.

a. Identify the TANF agency that established these criteria or definitions: Massachusetts Department of Transitional Assistance (DTA)

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care":

DTA does not have specific definitions for the terms listed in section 3.1.11. However, the DTA Child Care Fact Sheet states the following: "Your CCRR counselor will help you choose the type of child care that is right for you: Family Child Care: In family child care homes, providers care for small groups of children in their own or a friend's home. Often this type of care has one or two caregivers and may offer more nontraditional hours.; Group Child Care: Group child care programs are usually center-based programs that are larger and often group children by age and are generally in non-residential, commercial buildings. Centers have a dedicated director and numerous staff members; Preschool Programs: Preschool programs are typically offered for children ages 3-5 years old. Preschool programs may be offered through a school, faith-based organization, or a child care center. Head Start is an example of a preschool program; Informal Caregiver: A relative caregiver cares for your child in your home or the relative's home; or a non-relative caregiver cares for your child in your home; School Age or After School Programs: School age programs typically provide child care during before and after school hours. They may also offer care during school holidays and summer break.". The fact sheet also provides a link to EEC's Child Care Search to allow parents to search by geographic area and child care program type.

ii. "Reasonable distance":

DTA does not have specific definitions for the terms listed in section 3.1.11. However, the DTA Child Care Fact Sheet states the following: "Your CCRR counselor will help you choose the type of child care that is right for you: Family Child Care: In family child care homes, providers care for small groups of children in their own or a friend's

home. Often this type of care has one or two caregivers and may offer more nontraditional hours.; Group Child Care: Group child care programs are usually center-based programs that are larger and often group children by age and are generally in non-residential, commercial buildings. Centers have a dedicated director and numerous staff members; Preschool Programs: Preschool programs are typically offered for children ages 3-5 years old. Preschool programs may be offered through a school, faith-based organization, or a child care center. Head Start is an example of a preschool program; Informal Caregiver: A relative caregiver cares for your child in your home or the relative's home; or a non-relative caregiver cares for your child in your home; School Age or After School Programs: School age programs typically provide child care during before and after school hours. They may also offer care during school holidays and summer break.". The fact sheet also provides a link to EEC's Child Care Search to allow parents to search by geographic area and child care program type.

iii. "Unsuitability of informal child care":

DTA does not have specific definitions for the terms listed in section 3.1.11. However, the DTA Child Care Fact Sheet states the following: "Your CCRR counselor will help you choose the type of child care that is right for you: Family Child Care: In family child care homes, providers care for small groups of children in their own or a friend's home. Often this type of care has one or two caregivers and may offer more nontraditional hours.; Group Child Care: Group child care programs are usually center-based programs that are larger and often group children by age and are generally in non-residential, commercial buildings. Centers have a dedicated director and numerous staff members; Preschool Programs: Preschool programs are typically offered for children ages 3-5 years old. Preschool programs may be offered through a school, faith-based organization, or a child care center. Head Start is an example of a preschool program; Informal Caregiver: A relative caregiver cares for your child in your home or the relative's home; or a non-relative caregiver cares for your child in your home; School Age or After School Programs: School age programs typically provide child care during before and after school hours. They may also offer care during school holidays and summer break.". The fact sheet also provides a link to EEC's Child Care Search to allow parents to search by geographic area and child care program type.

iv. "Affordable child care arrangements":

DTA does not have specific definitions for the terms listed in section 3.1.11. However, the DTA Child Care Fact Sheet states the following: "Your CCRR counselor will help you choose the type of child care that is right for you: Family Child Care: In family child care homes, providers care for small groups of children in their own or a friend's home. Often this type of care has one or two caregivers and may offer more nontraditional hours.; Group Child Care: Group child care programs are usually center-based programs that are larger and often group children by age and are generally in non-residential, commercial buildings. Centers have a dedicated director and numerous staff members; Preschool Programs: Preschool programs are typically offered for children ages 3-5 years old. Preschool programs may be offered through a school, faith-based organization, or a child care center. Head Start is an example of a preschool program; Informal Caregiver: A relative caregiver cares for your child in your home or the relative's home; or a non-relative caregiver cares for your child in your home; School Age or After School Programs: School age programs typically provide child care during before and after school hours. They may also offer care during school holidays and summer break.". The fact sheet also provides a link to EEC's Child Care Search to allow parents to search by geographic area and child care program type.

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

- [x] i. In writing
- [x] ii. Verbally
- [ ] iii. Other.

Describe:

d. Provide the citation for the TANF policy or procedure:

DTA's TANF Policy can be found at:
https://eohhs.ehs.state.ma.us/DTA/PolicyOnline/BEACON5/!SSL!/WebHelp/userguide_test.htm

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments
Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	**Lowest initial or First Tier Income Level where family is first charged co-pay (greater than $0)**	**What is the monthly co-payment for a family of this size based on the income level in (a)?**	**What percentage of income is this co-payment in (b)?**	**Highest initial or First Tier Income Level before a family is no longer eligible.**	**What is the monthly co-payment for a family of this size based on the income level in (d)?**	**What percentage of income is this co-payment in (d)?**
1	N/A	N/A	N/A	N/A	N/A	N/A
2	1,453	0.04	0.003	5,868	688.90	12
3	1,831	0.04	0.002	7,250	854.52	12
4	2,209	0.04	0.002	8,632	1,002.14	12

	(a)	(b)	(c)	(d)	(e)	(f)
5	2,588	0.04	0.002	10,013	1,158.46	12

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

☑ i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

c. What is the effective date of the sliding-fee scale(s)? 2/9/2021

d. Provide the link(s) to the sliding-fee scale:

The sliding fee scale may be found at: https://www.mass.gov/doc/eec-financial-assistance-parent-fee-chart/download which is part of this webpage for families: https://www.mass.gov/guides/early-education-and-care-financial-assistance-for-families#-parent-fees-

3.2.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply under a. or b.

☐ a. The fee is a dollar amount and (check all that apply):

☐ i. The fee is per child, with the same fee for each child.

☐ ii. The fee is per child and is discounted for two or more children.

☐ iii. The fee is per child up to a maximum per family.

☐ iv. No additional fee is charged after certain number of children.

☐ v. The fee is per family.

☐ vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

☐ vii. Other.

Describe:

- [x] b. The fee is a percent of income and (check all that apply):
  - [ ] i. The fee is per child, with the same percentage applied for each child.
  - [x] ii. The fee is per child, and a discounted percentage is applied for two or more children.
  - [ ] iii. The fee is per child up to a maximum per family.
  - [ ] iv. No additional percentage is charged after certain number of children.
  - [ ] v. The fee is per family.
  - [ ] vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

    Describe:

  - [ ] vii. Other.

    Describe:

3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- [ ] No.
- [x] Yes, check and describe those additional factors below.
  - [x] a. Number of hours the child is in care.

    Describe:

    Fee levels above are based on full time care. Parents receiving part time care, including after school care, are charged a 50% fee.

  - [ ] b. Lower co-payments for a higher quality of care, as defined by the state/territory.

    Describe:

☐ c. Other.

Describe:

3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

☐ No, the Lead Agency does not waive family contributions/co-payments.

☑ Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

☑ a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

Under EEC's parent fee chart, families do not owe any parent fees until their income goes above 100% of the Federal Poverty Level. Fee Level 1 of the chart includes all incomes up the Federal Poverty Level for each household size and assesses a 0% fee. Additionally, for families with incomes above 100% of the Federal Poverty Level, EEC's chart calculates fees only on the amount of income a family has above the poverty threshold for their household size. The fee chart with this information may be found here: https://www.mass.gov/guides/early-education-and-care-financial-assistance-for-families

☑ b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

Families with open, or recently closed, child protection cases with the Department of Children and families and who are given a referral to DCR-Related Child Care are not charged any parent fees. This policy is included in EEC Regulations at 606 CMR 10.06(5) and in the Financial Assistance Policy Guide Chapter 7 found here:

https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa.

☑ c. Families meeting other criteria established by the Lead Agency. Describe Describe the policy.

EEC also exempts the following families from co-payments: 1. DTA authorized families with open TAFDC cases; and 2. Foster parents, guardians, or caretakers. Due to the COVID 19 emergency, EEC waived co-payments for all families effective March 2020 through at least December 2021.EEC is paying for these parent fees with both Coronavirus Response and Relief Supplemental Appropriations Act(CRRSAA) funds and state funds. All of these exemptions are detailed in EEC Regulations or the Financial Assistance Policy Guide Chapter 11 found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

At redetermination, a child shall be considered eligible if his or her parents are working or

attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

- ☐ N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)
- ☑ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

EEC child care subsidy regulations and policies require families to enter the system at or below 50% of SMI and allow families whose income has increased at the time of reassessment to remain financially eligible provided that the total household income does not exceed 85% of SMI.

B. Provide the citation for this policy or procedure.

Details on this policy may be found in EEC's regulations and policies found here:

https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa.

☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

☑ No

☐ Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

☐ No.

☐ Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:
CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Section 1A of Chapter 15D of the Massachusetts General Laws defines child with special needs as a "child who, because of temporary or permanent disabilities arising from intellectual, sensory, emotional, physical, or environmental factors, or other specific learning disabilities, is or would be unable to progress effectively in a regular school program."

b) "Families with very low incomes":

EEC defines families with very low incomes as those families who are at or below 50% of the State Median Income (SMI)

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- [ ] Prioritize for enrollment in child care services
- [ ] Serve without placing on waiting list
- [ ] Waive co-payments (on a case-by-case basis). As described in 3.2.4
- [ ] Pay higher rate for access to higher quality care
- [ ] Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for famiies with very low incomes. Check all that apply:

- [x] Prioritize for enrollment in child care services
- [ ] Serve without placing on waiting list
- [x] Waive co-payments (on a case-by-case basis). As described in 3.2.4
- [ ] Pay higher rate for access to higher quality care
- [x] Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- [x] Prioritize for enrollment in child care services
- [x] Serve without placing on waiting list
- [ ] Waive co-payments (on a case-by-case basis). As described in 3.2.4
- [ ] Pay higher rate for access to higher quality care
- [x] Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- [x] Prioritize for enrollment in child care services
- [x] Serve without placing on waiting list
- [x] Waive co-payments (on a case-by-case basis). As described in 3.2.4
- [ ] Pay higher rate for access to higher quality care
- [ ] Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

For Children with Special Needs: EEC provides funding upon request for assistance to children with special needs, including the funding of one-on-one aides. EEC also allows children with special needs to remain in care up to the age of 16. Finally, EEC allows full time care for a child with special needs even if the parent only has a part time service need. Children experiencing homelessness: In addition to prioritizing access through contracts for families in shelter through DHCD or DCF, EEC also prioritizes access to all families who meet the McKinney-Vento definition through vouchers. EEC also allows all families who meet the McKinney-Vento definition to use homelessness as a service need in lieu of employment, education, or training, and waives the asset limit for homeless families. For families receiving TANF: Massachusetts law, through the state budget, requires that subsidized early education and care shall be available to (a) recipients of transitional aid to families with dependent children benefits; (b) former participants who are working for up to 1 year after termination of their benefits; (c) participants who are working for up to 1 year after the transitional period; and (d) parents who are under 18 years of age who are currently enrolled in a job training program and who would qualify for benefits under chapter 118 of the General Laws but for the consideration of the grandparents' income. EEC is required to serve all children referred by DTA under category (a) above and such families do not pay a co-payment. Under EEC regulations, families transitioning off of TANF benefits, categories (b) and (c) listed above, are required to meet service need requirements, be below 85% of the SMI, and may pay a parent co-payment depending on income and household size.

3.3.3 List and define any other priority groups established by the Lead Agency.

Massachusetts law, through the state budget, requires that subsidized early education and care shall be available to children with active protective services cases at the Department of Children and Families (DCF) and also allows DCF to refer families whose child protection case has closed for no less than one year of transitional child care. The law requires EEC to serve all children referred for care by DCF.

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

EEC prioritizes access to child care for families receiving protective services through DCF by allowing immediate access to care through statewide contracts and vouchers. Additionally, EEC waives parent fees for families referred by DCF.

3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

EEC allows families experiencing homelessness to be granted a provisional authorization to access child care if the parent(s) is unable to submit complete income verification at the time of initial assessment.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- ☐ i. Lead Agency accepts applications at local community-based locations
- ☑ ii. Partnerships with community-based organizations
- ☑ iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- ☐ iv. Other

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:
Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

EEC child care licensing and funded program policy recognizes the fact that homeless children may have difficulty obtaining medical records at the time of admission into a child care program because of the stresses caused by issues affecting these priority populations. Accordingly, homeless families may be granted up to six (6) months from the date of their child's admission into a child care program to obtain the child's medical records. Subsidy Administrators are then required under their contracts with

EEC to provide referrals to MassHealth and other community resources to help families comply within the 6 month time period. EEC collaborated with the Department of Public Heath (DPH), which sits in the Executive Office of Health and Human Services (EOHHS) and is the lead agency responsible for public health in the Commonwealth. The Secretary of EOHHS serves as an ex officio member EEC's Board, which is the designated State Advisory Council and meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. For any families unable to comply with child health and medical records requirements due to lack of health insurance, the Program shall provide a referral to the local MassHealth Enrollment Center for the purpose of linking the family to the Children's Health Insurance Program (CHIP). No family shall be excluded from care due to paperwork delays beyond their control.

Provide the citation for this policy and procedure.

Policy Statement is found here: https://www.mass.gov/lists/licensing-policies-for-group-and-school-age-child-care-programs#group-and-school-age-child-care-programs-record-keeping-policies-

ii. Children who are in foster care.

EEC child care licensing policy recognizes the fact that children involved with DCF, including foster children, may have difficulty obtaining medical records at the time of admission into a child care program because of the stresses caused by issues affecting this priority population. Accordingly, DCF involved families may be granted up to six (6) months from the date of their child's admission into a child care program to obtain the child's medical records. As a part of their case services, DCF then works with the child's caregiver to obtain medical records and comply with all requirements with the 6 month time period. EEC collaborated with the Department of Public Heath (DPH), which sits in the Executive Office of Health and Human Services (EOHHS) and is the lead agency responsible for public health in the Commonwealth. The Secretary of EOHHS serves as an ex officio member EEC's Board, which is the designated State Advisory Council and meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services.

Provide the citation for this policy and procedure.

Policy Statement is found here: https://www.mass.gov/lists/licensing-policies-for-group-and-school-age-child-care-programs#group-and-school-age-child-care-programs-record-keeping-policies-

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

EEC is also the agency responsible for licensing. EEC's licensing and subsidy units work closely to ensure program requirements and licensing standards are met, which may include consultation and coordination between units.Subsidy Administrators are then required under their contracts with EEC to provide referrals to MassHealth and other community resources to help families comply within the 6 month time period. Additional, EEC coordinates with DCF who works with the child's caregiver to obtain medical records and comply with all requirements with the 6 month time period.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

- [ ] No.
- [x] Yes.

Describe:

EEC allows children from a teen parent and children of families receiving protective services through the DCF up to six (6) months from the date of their child's admission into a child care program to obtain the child's medical records.

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:
regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:
any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agencya child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

EEC policies require 12 month authorizations for all families who meet eligibility at authorization and reauthorization, including DCF and DTA referrals. During a 12 month authorization, EEC requires the reporting of all temporary and non-temporary changes as described below. The reason EEC requires the reporting of temporary changes is because the information is required for another program related to EEC's TANF claiming. EEC maximizes the dollars it claims against the TANF Grant, which requires that parents meet both CCDF and TANF eligibility rules. TANF requires that parents be engaged in work, or an approved work-related activity. Therefore, EEC requires that parents report temporary changes to their approved activity strictly for compliance with TANF claiming

practices, and it will not impact their CCDF eligibility. EEC does not require the parent to provide documentation of a temporary change, but does require the completion and signing of a simple form by the parent attesting that the break is a temporary change. In addition to the reasons for listed in section 3.4.2c, EEC may also terminate a subsidy for "Abandonment of subsidy", which is defined as "a Family's failure to have an active child care placement for more than 30 consecutive Days during the 12-month Authorization period, unless the Family has requested an Approved Break in Care." During the COVID pandemic, we have extended the time period to 60 days and not counted the time during the mandated shutdown of child care. Policy may be found in EEC's Regulations, Financial Assistance Policy Guide, and Financial Assistance Procedures Manual found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- [x] i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

EEC allows the absence to from any approved activity, including education/training and there is no limit to how long a Parent may be out from the approved activity, however, the Parent must be able to document an approved activity by the next reauthorization, though the parent may be eligible for a provisional authorization as described below under section 3.4.2(a) at reauthorization. Situations that fall under this category include, but are not limited to: Maternity/Paternity Leave, including any medical leave prior to the birth of a Child; Family Medical Leave Act related break in employment; Short-term or long-term disability; Workers' compensation; and Parents taking leave from approved activity to care for a sick Family member or themselves.

Citation:

Policy may be found in EEC's Regulations (specifically section 606 CMR 10.03(1)(h)), Financial Assistance Policy Guide (specifically Chapter 3.7), and Financial Assistance Procedures Manual (specifically Chapter 3.3) found here:

https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

☑ ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

EEC allows care to continue through any interruption in work for a seasonal worker who is not working between regular industry work seasons. A parent must be able to document an approved activity by the next reauthorization, though the parent may be eligible for a provisional authorization as described below under section 3.4.2(a) at reauthorization. EEC has given guidance that situations that qualify as seasonal include: Parent who works for a school department or for a company contracted by the school department to provide services (works about 10 months a year); Parent who works as a snow plow driver and also as a landscaper (works most of the year with a few breaks between two seasons); Parent who works in construction but who can't work in winter (works about 9 months a year); Parent who is a farmer or farm worker (works March through October - 8 months a year); or Generally any Parent whose regular work lasts at least 8 months of the year. EEC has given guidance that situations that do not qualify as seasonal include: Parent who works only about 3-4 months a year, such as only working as a snow plow driver or only working as a landscaper; Parent who only works during the holiday retail season (only 2 months); Parent who only works summer Seasonal Employment (about end of May through around Columbus Day - 4 months at most); or Parent who only works for the ski season (about 3-4 months a year).

Citation:

Policy may be found in EEC's Regulations (606 CMR 10.03(1)(h)), Financial Assistance Policy Guide (Chapter 3.7), and Financial Assistance Procedures Manual (Chapter 3.3) found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

☑ iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

EEC allows care to continue through any semester or holiday breaks, including the summer break. Parents are not required to report semester or holiday breaks as

long as the Parent is enrolled in the following semester/term.

Citation:

Policy may be found in EEC's Regulations (606 CMR 10.03(1)(h)), Financial Assistance Policy Guide (Chapter 3.7), and Financial Assistance Procedures Manual (Chapter 3.3) found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

☑ iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

EEC allows care to continue through any reduction in work or education/training hours. As long as the Parent is still working or in training/education for at least one hour per week, the reduction in work, training, or education hours qualifies as a Temporary Change. Parents must be able to document an approved activity of at least 20 hours, or at least 30 hours for full time care, by the next Reauthorization, though the parent may be eligible for a provisional authorization as described below under section 3.4.2(a) at reauthorization.

Citation:

Policy may be found in EEC's Regulations (606 CMR 10.03(1)(h)), Financial Assistance Policy Guide (Chapter 3.7), and Financial Assistance Procedures Manual (Chapter 3.3) found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

☑ v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

EEC allows care to continue through any cessation of work or education/training that is less than 12 weeks. All changes must be reported and the Subsidy Administrator has to determine if the change is a temporary or non-temporary change. If a Parent has a new service need at the time of reporting and it has been less than 12 weeks since the end of the last service need, the Subsidy Administrator shall deem the change a Temporary Change. If a Parent has left

work, education, or training program and does not have a new service need at the time of reporting, the Subsidy Administrator shall deem the change a Non-Temporary Change as described below in section 3.4.2.

Citation:

Policy may be found in EEC's Regulations (606 CMR 10.03(1)(h)), Financial Assistance Policy Guide (Chapter 3.7), and Financial Assistance Procedures Manual (Chapter 3.3) found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

☑ vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

If a child turns 13, or a child with special needs turns 16, during a 12 month authorization, during an authorization, the child may remain in care until the end of the 12 month authorization.

Citation:

Policy may be found in EEC's Regulations (606 CMR 10.02) and Financial Assistance Policy Guide (Chapter 5.4.1) found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

☑ vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

EEC allows for continued care after a change of residency within the Commonwealth and allows the parent to move the children to a new provider, if necessary.

Citation:

Policy may be found in EEC's Regulations (606 CMR 10.03(1)(h)), Financial Assistance Policy Guide (Chapter 3.7), and Financial Assistance Procedures Manual (Chapter 3.3) found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

During the COVID Pandemic, EEC has considered any loss of a service need due to the COVID-19 emergency, including but not limited to, furlough, layoff, or termination of activity to be counted as a temporary change that does not affect the parent's authorization or level of care.Policy may be found in EEC's Financial Assistance Policy Guide (Chapter 3.7) and Financial Assistance Procedures Manual (Chapter 3.3) found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's
non-temporary
loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

☐ No.

☑ Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

EEC allows parent(s) who do not have an approved activity at time of initial authorization to be granted a Provisional Authorization of 12 weeks to seek and certify an approved activity. This includes Parent(s) on maternity/paternity leave at initial authorization, parent(s) enrolled in a non-approved training program, newly employed parent(s) unable to certify employment in full at eligibility assessment, or parent(s) seeking to qualify with a service need of Incapacity of Parent (part of the protective services definition). EEC also allows provisional authorizations at initial assessment for parents who have documented proof of a part time service need and can provide preliminary proof of a full time service need, to allow the parent time to certify a Full Time Service Need. At reauthorization, provisional authorizations were available to parent(s) who lost, reduced, or changed their service need within 30 days of reauthorization and to parent(s) who are on maternity/paternity or medical leave at the time of reauthorization. Provisional authorizations were eligible for an 8 week extension if the parent presented preliminary documentation by the end of the initial 12 weeks but was unable to provide full documentation. During the COVID pandemic, EEC has made several changes to this policy. First, EEC extended the length of all provisional authorizations to 26 weeks. For initial families, provisional authorizations have also been available to parent(s) unable to certify employment or participation in education/training program in full at eligibility assessment. At reauthorization, provisional authorizations have also been available to parent(s) who cannot provide Full Documentation of a service need or income and to all parents who lost, reduced, or changed services needs before reauthorization no matter how much time had elapsed. Additionally, at reauthorization, if a parent was previously approved for full time care, but only has documented proof of a Part Time Service Need at Reauthorization, the parent(s) may be granted a provisional authorization to certify a full time service need. These policies will continue indefinitely.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a

minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

- ☐ No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- ☑ Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

As described above, all changes must be reported, and the Subsidy Administrator has to determine if the change is a temporary or non-temporary change. If a Parent has a new service need at the time of reporting and it has been less than 12 weeks since the end of the last service need, the Subsidy Administrator shall deem the change a Temporary Change. If a Parent has left work, education, or training program and does not have a new service need at the time of reporting, the Subsidy Administrator shall deem the change a Non-Temporary Change. The parent is required to provide documentation of the end date of the prior service need and the a Seeking Approved Activity (job search) period begins starting the day after the parent reports the change and provides all documentation. A Parent may be allowed multiple Seeking Approved Activity Periods during a 12-month authorization, but such periods cannot be consecutive. At the end of a Seeking Approved Activity, one of the following occurs: (a) If the parent presents full documentation of a service need, the 12-month Authorization will continue until the original end date at the same level of care previously authorized. This applies even if the Parent is not working the required number of hours; (b) If the Parent presents preliminary documentation of a service need, the Parent may receive an 8 week extension to provide full documentation; (c) If the Parent does not present full documentation, or preliminary documentation, of a service need at the end of the Seeking Approved Activity period, or at the end of any extension, care shall end on the last day of the Seeking Approved Activity or 8 week extension period.

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

As described above, all changes must be reported, and the Subsidy Administrator has to determine if the change is a temporary or non-temporary change.

iii. How long is the job-search period (must be at least 3 months)?

The job search period is 12 weeks long with a possible 8 week extension if the parent presented preliminary documentation by the end of the initial 12 weeks but was unable to provide full documentation. During the COVID pandemic, EEC has extended the length of all job searches to 26 weeks. These policies will continue indefinitely.

iv. Provide the citation for this policy or procedure.

Policy may be found in EEC's Regulations, Financial Assistance Policy Guide, and Financial Assistance Procedures Manual found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

- [ ] i. Not applicable.
- [x] ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

EEC defines excessive unexplained absences as the failure to attend a subsidized child care program for more than three consecutive Days without contacting the provider. Upon the first occurrence of excessive unexplained absences during a 12 month authorization, the family is given a written warning. Upon the second occurrence, the family may be terminated from the subsidy.

B. Provide the citation for this policy or procedure:

Policy may be found in EEC's Regulations and Financial Assistance Policy Guide found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

- [x] iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

Policy may be found in EEC's Regulations and Financial Assistance Policy Guide found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

☑ iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

EEC defines "Intentional Program Violation" as "parent's failure to adhere to EEC's subsidy requirements, including: failing to report a Non-Temporary Change within 30 Days from the date the change occurred; failing to accurately report income at eligibility Authorization/Reauthorization; failing to respond to an EEC request for more information; and non-payment of fees." EEC defines "Substantiated Fraud" as "providing false or misleading information or documentation to EEC or a Subsidy Administrator for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance that has been verified as false or misleading by EEC or a Subsidy Administrator; or the concealing or withholding of information for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance as determined by the Bureau of Special Investigations (BSI), or successor agency." Policy may be found in EEC's Regulations and Financial Assistance Policy Guide found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

- [ ] No
- [x] Yes

b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- [x] i. Additional changes that may impact a family's eligibility during the 12-month period.

  Describe:

  EEC also requires that parents report any increases in total household income exceeding 85% SMI, any changes in household composition for more than 30 total Days in a 12-month Authorization, and any out of state change in address. Increases in income exceeding 85% SMI do not affect the parent's eligibility and the parent is allowed to finish out the 12 month authorization but is warned that if the income remains over 85%, the parent may not be eligible for reauthorization. Any change in household composition requires documentation to be provided to add or remove a household member. The parent's eligibility is not impacted but the parent fee may be adjusted if allowed. Any out of state change in address results in the termination of child care benefits.

- [x] ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

EEC also requires parents to report changes in Family contact information changes and changes in child custody arrangements to ensure that EEC and its Subsidy Administrators may always contact the family. Changes in child custody arrangements may require further changes but the child is guaranteed to continue in care through the end of the 12 month authorization even if the new caregiver does not meet eligibility requirements.

- [x] iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

EEC requires parents are required to report when they would like to change providers and receive a new placement at a new provider. The parent must give the current provider at least two week notice of the change and the parent must pay all outstanding parent fees or enter into a repayment agreement for any balance. At the end of the two weeks, the child may begin at a new provider. Exceptions to the two week notice rule are allowed if the parent has concerns about the health and safety of his/her Child and files a complaint with EEC's Regional Licensing Office.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- [x] i. Phone
- [x] ii. Email
- [ ] iii. Online forms
- [x] iv. Extended submission hours
- [x] v. Postal Mail
- [x] vi. FAX
- [x] vii. In-person submission
- [x] viii. Other.

Describe:

EEC requires Subsidy Administrators to have flexible and creative methods to allow

parents to submit documentation in a variety of ways that meet the needs of parents.

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Parents may report changes that benefit the household, such as an increase in the level of care from part time to full time or a reduction in the Parent Fee.

ii. Provide the citation for this policy or procedure.

Policy may be found in EEC's Regulations and Financial Assistance Policy Guide found here: https://www.mass.gov/guides/child-care-subsidy-management-and-ccfa

3.4.4 Prevent the disruption of employment, education, or job training activities

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support

(e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- [x] i. Advance notice to parents of pending redetermination
- [x] ii. Advance notice to providers of pending redetermination
- [ ] iii. Pre-populated subsidy renewal form
- [ ] iv. Online documentation submission
- [ ] v. Cross-program redeterminations
- [x] vi. Extended office hours (evenings and/or weekends)
- [x] vii. Consultation available via phone
- [x] viii. Other.

Describe:

Since the start of the pandemic, EEC has allowed for virtual authorization and reauthorization appointments and required Subsidy Administrators to be sensitive to the different technology capabilities of Parents and make accommodations as needed. EEC has also strongly encouraged Subsidy Administrators to secure and use electronic signature software for parents to sign required documents.

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to

generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

Parents are offered a certificate (called voucher) off of the statewide waitlist when funding is available. Funding availability letter includes what documentation is needed to prove eligibility. Parent is expected to identify a provider prior to the issuance of a voucher but assistance in finding a provider is given by the CCRR or our call center through

Mass211when needed. Once issued, voucher details parent information, provider information, placement details (including child schedule), and parent co-payment information.

4.1.2 Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- [x] a. Certificate provides information about the choice of providers
- [ ] b. Certificate provides information about the quality of providers
- [ ] c. Certificate is not linked to a specific provider, so parents can choose any provider
- [x] d. Consumer education materials on choosing child care
- [x] e. Referrals provided to child care resource and referral agencies
- [x] f. Co-located resource and referral staff in eligibility offices
- [x] g. Verbal communication at the time of the application
- [x] h. Community outreach, workshops, or other in-person activities
- [ ] i. Other.

Describe:

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

EEC allows child care subsidies to be used at the full mixed delivery system, including center based; family child care; license exempt programs, including faith based organizations; and informal child care. Parents have full access to transfer from one type of provider to another.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

A review of data from EEC's applications show that around 50% of the licensed early education and care programs throughout the Commonwealth hold voucher agreements and/or contracts to serve children eligible to receive CCDF funded child care subsidizes.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

EEC has previously collected information from non-subsidized providers on reasons why they did not accept subsidy. In one survey prior to the COVID pandemic, 37% of providers listed either that their overall capacity was full with private pay of that they had a long waitlist of private pay families. However, in the same survey, 22% listed reimbursement rates as a top reason they did not accept subsidies and 39% said that increased reimbursement rates would incentivize their participation. This survey confirmed EEC's assumptions about provider participation and EEC has used this for justification to help secure over $162 million dollars to increase subsidy rates over the last few fiscal years. EEC continues to make provider payments a continued focus of EEC's strategic plan and pandemic recovery strategy.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

EEC licensing regulations require that all licensed child care programs provide parents with access to their children whenever children are in care. Specifically, licensed 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, EEC requires that providers have a written policy regarding parents' unlimited access to their children and that providers communicate this policy to parents at enrollment through the parent handbook. EEC’s Compliance Requirements for CCDF Funded Programs required that providers a written policy in place permitting parents to visit the program at any time while their child is present. The provider shall be able to provide evidence of documentation

that parents have been notified regarding his/her right to visit the program unannounced at any time while his/her child is in care. Due to the COVID-19 emergency, EEC suspended certain licensing regulation and implemented minimum health and safety requirements. Including in those requirements was the need for programs to limit parent's access into the program without proper screening.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- [ ] No.
- [x] Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
  - [ ] a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

    Describe:
  - [x] b. Restricted based on the provider meeting a minimum age requirement.

    Describe:

    In-home care providers must be at least 18 years of age.
  - [x] c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

    Describe:

    In-home care providers may not be reimbursed for more than 50 hours of child care services per week.
  - [ ] d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

    Describe:

☐ e. Restricted to care for children with special needs or a medical condition.

Describe:

☐ f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

☑ g. Other.

Describe:

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

4.1.6 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

☐ No. If no, skip to 4.1.7.

☐ Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

☑ Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

If a parent is offered a subsidy through a contract, the parent may refuse the slot without losing the household's place on the waitlist. Also, the parent choice regulations and policies of EEC's child care subsidy program allow a parent enrolled in a contract slot to transfer his/her child to another program provided that the parent gives the existing provider at least two weeks' notice of the change. It is the responsibility of the subsidy administrators, the Child Care Resource and Referral agencies or Contract Providers, to advise a parent of his/her right to change providers.

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

EEC contracts with center-based child care programs, including school age programs, and with family child care systems for family child care services at affiliated licensed family child care homes.

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

The base rates for child care subsidies (for both vouchers and contracts) are set based on geographic region taking into account the age of children (i.e., infant, toddler, pre-school, and school age) and child care settings (i.e., center-based versus family child care). In addition to the base rate, Family Child Care Systems are provided an additional administrative fee to provide supports to affiliated family child care providers. Family Child Care Systems must reimburse the affiliated family child care providers the base child care rate but may pay providers a higher rate. Through EEC's Priority Population contracts for DCF-Related child care, teen parent child care, and homeless child care, contracted providers receive an additional $20 per day for support services. "Support services" include required

case management/social services as well as transportation costs, if needed.

4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

- [ ] No
- [x] Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

- [ ] To increase the supply of care
- [ ] To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

- [x] To increase the supply of care
- [x] To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

- [x] To increase the supply of care
- [x] To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

- [ ] To increase the supply of care
- [ ] To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

- [x] To increase the supply of care

- [ ] To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

- [ ] To increase the supply of care
- [ ] To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- [x] To increase the supply of care
- [x] To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- [x] To increase the supply of care
- [x] To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- [x] To increase the supply of care
- [x] To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- [ ] To increase the supply of care
- [ ] To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x).

a. In child care centers.

EEC has been closely tracking changes in supply by periodically assessing the total

number of open, licensed providers and identifying how this capacity is distributed across different types of providers, including those serving subsidized children, as well as tracking changes by region. We are also developing dashboarding capacity to track these changes in supply in real time. At the height of the pandemic, only 75 percent of pre-COVID program capacity had reopened, but these numbers have increased steadily to 84 percent of our prior capacity. Reduction in capacity was largest for providers that do not accept subsidies and overall trends were similar for FCC and centerbased programs and across regions.

b. In child care homes.

EEC has been closely tracking changes in supply by periodically assessing the total number of open, licensed providers and identifying how this capacity is distributed across different types of providers, including those serving subsidized children, as well as tracking changes by region. We are also developing dashboarding capacity to track these changes in supply in real time. At the height of the pandemic, only 75 percent of pre-COVID program capacity had reopened, but these numbers have increased steadily to 84 percent of our prior capacity. Reduction in capacity was largest for providers that do not accept subsidies and overall trends were similar for FCC and centerbased programs and across regions.

c. Other.

Estimates of the size of the EEC workforce range from 75,000 to 100,000 and can vary according to the kinds of roles that are included. Data estimates about the EEC workforce are available through two sources: the Professional Qualifications Registry (PQR) maintained by EEC and the Integrated Public Use Microdata Series (IPUMS) USA 2011-2015 5-year data associated with the American Community Survey/Census (analyzed by the UMass Donahue Institute or UMDI). Major aspects of the EEC workforce from these sources include: Educators speak a wide variety of languages, with Spanish being the primary language for about 10% of the workforce; English speaking ability among educators is more limited in family child care than it is in center-based care, especially among those family child care licensees who are located in linguistically isolated communities; and Educators possess a wide variety of educational backgrounds. For example, about one-third of the EEC workforce has a bachelor's degree or higher (that may or may not be in ECE-related fields), one-tenth has as associate's degree (again, that may or may not be ECE-related), and about

one-quarter has some college (most likely the one to four college courses required by different licensed roles). However, another one-third of the EEC workforce has only a high-school-level education or less. 25% (for center-based) to 37% (for family child care) of the EEC workforce report receiving public health insurance. It should be noted, however, that the percentages who are eligible are most likely higher as some educators may not be aware of their eligibility or may opt out of participating for other reasons (culture, etc.).

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.

☑ i. Grants and contracts (as discussed in 4.1.6).

Describe:

EEC administers multiple contracts by region to ensure that each part of the state has access to subsidized child care.

☑ ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

EEC has contracts with 38 Family Child Care Systems statewide, which provide resources and supports to family child care providers such as training, technical assistance and consultation, monitoring, quality improvement support, and referrals to health and social services for children in their care. FCC Systems may provide referrals to family child care providers. In 2017 EEC implemented a pilot where the nationally recognized Parent Child Home Program was made available to family child care educators. EEC continues to consider ways to strengthen the role of the family child care system (network) as a method to deliver coaching on early literacy

to infants and toddlers enrolled in family child care programs.

☐ iii. Start-up funding.

Describe:

☐ iv. Technical assistance support.

Describe:

☑ v. Recruitment of providers.

Describe:

There are six CCRRs contracted by EEC who also operate as a statewide network. The current CCRR contract focuses its resources on a number of areas, including provider services, recruitment and contract management, training and technical assistance, and monitoring.

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

Through its Priority Populations contracts, programs awarded contracts to serve children in protective services, children of teen parents, and homeless children receive an additional $20 per day. Additionally, EEC has implemented a 3% rate increase for any programs serving infants and toddlers through the child care subsidy program that have achieved a Level 2 or above rating in QRIS.

☑ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Family child care providers can earn and use up to 50 hours/5 days of Paid Time Off per year that can be used for sick, vacation, personal, or bereavement leave. Massachusetts has also recently implemented the Paid Family Medical Leave act which allows family child care providers to take up to 26 weeks of paid leave for medical or family reasons. EEC is working with a local contractor to develop an online business practices training and pilot associated coaching and consultation supports to provide support to program leaders (in both centerbased and family child care programs) in practicing and consolidating skills being taught.

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

A network of regional Early Childhood Mental Health grantees are available to provide early childhood mental health consultation to all programs across the state. These grantees provide support and guidance to programs, educators, and families to address the developmental, social and emotional, and behavioral challenges of children from birth through school age. These services are intended to support program capacity to foster healthy development and promote school success of children.

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

☑ i. Grants and contracts (as discussed in 4.1.6).

Describe:

EEC administers multiple contracts to serve low-income families (Income Eligible Child Care), children with active protective services cases (Supportive or DCF Related Child Care), Teen Parents, and Homeless Families. All contracts allow for care for all age groups, including a specific number of slots for infants and toddlers.

☑ ii. Family Child Care Networks.

Describe:

EEC has contracts with 38 Family Child Care Systems statewide, which provide resources and supports to family child care providers such as training, technical assistance and consultation, monitoring, quality improvement support, and referrals to health and social services for children in their care. FCC Systems may provide referrals to family child care providers. In 2017 EEC implemented a pilot where the nationally recognized Parent Child Home Program was made available to family child care educators. EEC continues to consider ways to strengthen the role of the family child care system (network) as a method to deliver coaching on early literacy to infants and toddlers enrolled in family child care programs

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

EEC has contracts with 38 Family Child Care Systems statewide, which provide resources and supports to family child care providers such as training, technical assistance and consultation, monitoring, quality improvement support, and referrals to health and social services for children in their care. EEC's Professional Development Centers (PDCs) are the primary vehicle for providing state-funded professional development opportunities to programs in EEC's mixed delivery system. Training offered includes a mix of topics and includes attention to business practices, quality improvement and licensing compliance and is available to centerbased and FCC programs.

☑ v. Recruitment of providers.

Describe:

There are six CCRRs contracted by EEC who also operate as a statewide network. The current CCRR contract focuses its resources on a number of areas, including provider services, recruitment and contract management, training and technical

assistance, and monitoring.

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

Through its Priority Populations contracts, programs awarded contracts to serve children in protective services, children of teen parents, and homeless children receive an additional $20 per day. Additionally, EEC has implemented a 3% rate increase for any programs serving infants and toddlers through the child care subsidy program that have achieved a Level 2 or above rating in QRIS.

☑ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Family child care providers can earn and use up to 50 hours/5 days of Paid Time Off per year that can be used for sick, vacation, personal, or bereavement leave. Massachusetts has also recently implemented the Paid Family Medical Leave act which allows family child care providers to take up to 26 weeks of paid leave for medical or family reasons.

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

A network of regional Early Childhood Mental Health grantees are available to provide early childhood mental health consultation to all programs across the state. These grantees provide support and guidance to programs, educators, and families to address the developmental, social and emotional, and behavioral challenges of children from birth through school age. These services are intended to support program capacity to foster healthy development and promote school success of children.

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

☐ i. Grants and contracts (as discussed in 4.1.6).

Describe:

☑ ii. Family Child Care Networks.

Describe:

EEC has contracts with 38 Family Child Care Systems statewide, which provide resources and supports to family child care providers such as training, technical assistance and consultation, monitoring, quality improvement support, and referrals to health and social services for children in their care. FCC Systems may provide referrals to family child care providers. In 2017 EEC implemented a pilot where the nationally recognized Parent Child Home Program was made available to family child care educators. EEC continues to consider ways to strengthen the role of the family child care system (network) as a method to deliver coaching on early literacy to infants and toddlers enrolled in family child care programs.

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

: EEC has contracts with 38 Family Child Care Systems statewide, which provide resources and supports to family child care providers such as training, technical

assistance and consultation, monitoring, quality improvement support, and referrals to health and social services for children in their care. EEC's Professional Development Centers (PDCs) are the primary vehicle for providing state-funded professional development opportunities to programs in EEC's mixed delivery system. Training offered includes a mix of topics and includes attention to business practices, quality improvement and licensing compliance and is available to centerbased and FCC programs.

☑ v. Recruitment of providers.

Describe:

There are six CCRRs contracted by EEC who also operate as a statewide network. The current CCRR contract focuses its resources on a number of areas, including provider services, recruitment and contract management, training and technical assistance, and monitoring

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

Through its Priority Populations contracts, programs awarded contracts to serve children in protective services, children of teen parents, and homeless children receive an additional $20 per day. Additionally, EEC has implemented a 3% rate increase for any programs serving infants and toddlers through the child care subsidy program that have achieved a Level 2 or above rating in QRIS. Finally, EEC has a flexible pool of funding that can be used for one on one aides for children with special needs.

☑ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Family child care providers can earn and use up to 50 hours/5 days of Paid Time Off per year that can be used for sick, vacation, personal, or bereavement leave. Massachusetts has also recently implemented the Paid Family Medical Leave act which allows family child care providers to take up to 26 weeks of paid leave for medical or family reasons.

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

A network of regional Early Childhood Mental Health grantees are available to provide early childhood mental health consultation to all programs across the state. These grantees provide support and guidance to programs, educators, and families to address the developmental, social and emotional, and behavioral challenges of children from birth through school age. These services are intended to support program capacity to foster healthy development and promote school success of children.

☑ xi. Other.

Describe:

For children receiving CCDF with special needs/disabilities, EEC has limited flexible funding available on a first come, first served, case-by-case basis to provide temporary financial support to programs to successfully transition and include a subsidized child with disabilities/special needs. Appropriate fund use may include: consultation to identify necessary supports for the child; training for program staff; specialized equipment; or a temporary aide position to enhance staffing.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

☐ i. Grants and contracts (as discussed in 4.1.6).

Describe:

☑ ii. Family Child Care Networks.

Describe:

EEC has contracts with 38 Family Child Care Systems statewide, which provide resources and supports to family child care providers such as training, technical assistance and consultation, monitoring, quality improvement support, and referrals to health and social services for children in their care. FCC Systems may provide referrals to family child care providers. In 2017 EEC implemented a pilot where the nationally recognized Parent Child Home Program was made available to family child care educators. EEC continues to consider ways to strengthen the role of the family child care system (network) as a method to deliver coaching on early literacy to infants and toddlers enrolled in family child care programs.Providers who serve children during non-traditional hours have access to FCC Network supports.

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

EEC has contracts with 38 Family Child Care Systems statewide, which provide resources and supports to family child care providers such as training, technical assistance and consultation, monitoring, quality improvement support, and referrals to health and social services for children in their care. EEC's Professional Development Centers (PDCs) are the primary vehicle for providing state-funded professional development opportunities to programs in EEC's mixed delivery system. Training offered includes a mix of topics and includes attention to business practices, quality improvement and licensing compliance and is available to centerbased and FCC programs. Providers who serve children during non-traditional hours have access to PDC supports.

☑ v. Recruitment of providers.

Describe:

There are six CCRRs contracted by EEC who also operate as a statewide network. The current CCRR contract focuses its resources on a number of areas, including provider services, recruitment and contract management, training and technical assistance, and monitoring. Recruitment efforts of CCRRs include recruiting those providers operating during non-traditional hours.

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

Through its Priority Populations contracts, programs awarded contracts to serve children in protective services, children of teen parents, and homeless children receive an additional $20 per day. Additionally, EEC has implemented a 3% rate increase for any programs serving infants and toddlers through the child care subsidy program that have achieved a Level 2 or above rating in QRIS. Providers serving during non-traditional hours and meeting these requitements have access to the same 3% increase.

☑ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Family child care providers can earn and use up to 50 hours/5 days of Paid Time Off per year that can be used for sick, vacation, personal, or bereavement leave. Massachusetts has also recently implemented the Paid Family Medical Leave act which allows family child care providers to take up to 26 weeks of paid leave for medical or family reasons. These benefits extend to providers serving children during non-traditional hours.

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

A network of regional Early Childhood Mental Health grantees are available to provide early childhood mental health consultation to all programs across the state. These grantees provide support and guidance to programs, educators, and families to address the developmental, social and emotional, and behavioral challenges of children from birth through school age. These services are intended to support program capacity to foster healthy development and promote school success of children and are accessible to all providers, including those serving children during non-traditional hours.

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

☑ i. Grants and contracts (as discussed in 4.1.6).

Describe:

EEC administers multiple contracts to serve low-income families (Income Eligible Child Care), children with active protective services cases (DCF Related Child Care), Teen Parents, and Homeless Families. All contracts allow for care for all age groups.

EEC is also using ARPA stabilization funds to provide monthly grants, starting in July, to all eligible providers using a formula based on licensed capacity, staffing and availability to serve high needs children. More detailed information about these grants and a link to the application can be found here - https://www.mass.gov/service-details/child-care-stabilization-grants. Programs

serving more children, maintaining higher staff to child ratios and located in more vulnerable communities receive higher grant awards, as do providers serving higher percentages of subsidized children. Monthly payments will be made to eligible providers through December and two months in the 6 month grant period, we have paid out over $50 million in grant funds, with average monthly awards of nearly $15,000 for centerbased providers serving children with subsidies and $1500 for FCC providers serving this population. Grant expenditure information has not yet been collected, but in a state funded grant released in the spring that was designed to support centerbased program investments in workforce, 86 percent of programs chose to invest funds in staff bonuses and stipends, while 17 percent invested in salary increases.

☑ ii. Family Child Care Networks.

Describe:

EEC has contracts with 38 Family Child Care Systems statewide, which provide resources and supports to family child care providers such as training, technical assistance and consultation, monitoring, quality improvement support, and referrals to health and social services for children in their care. FCC Systems may provide referrals to family child care providers. In 2017 EEC implemented a pilot where the nationally recognized Parent Child Home Program was made available to family child care educators. EEC continues to consider ways to strengthen the role of the family child care system (network) as a method to deliver coaching on early literacy to infants and toddlers enrolled in family child care programs.

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

EEC has contracts with 38 Family Child Care Systems statewide, which provide resources and supports to family child care providers such as training, technical assistance and consultation, monitoring, quality improvement support, and referrals to health and social services for children in their care. EEC's Professional Development Centers (PDCs) are the primary vehicle for providing state-funded

professional development opportunities to programs in EEC's mixed delivery system. Training offered includes a mix of topics and includes attention to business practices, quality improvement and licensing compliance and is available to centerbased and FCC programs.

☑ v. Recruitment of providers.

Describe:

There are six CCRRs contracted by EEC who also operate as a statewide network. The current CCRR contract focuses its resources on a number of areas, including provider services, recruitment and contract management, training and technical assistance, and monitoring.

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

Through its Priority Populations contracts, programs awarded contracts to serve children in protective services, children of teen parents, and homeless children receive an additional $20 per day. Additionally, EEC has implemented a 3% rate increase for any programs serving infants and toddlers through the child care subsidy program that have achieved a Level 2 or above rating in QRIS.

☑ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Family child care providers can earn and use up to 50 hours/5 days of Paid Time Off per year that can be used for sick, vacation, personal, or bereavement leave. Massachusetts has also recently implemented the Paid Family Medical Leave act which allows family child care providers to take up to 26 weeks of paid leave for medical or family reasons.

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

A network of regional Early Childhood Mental Health grantees are available to provide early childhood mental health consultation to all programs across the state. These grantees provide support and guidance to programs, educators, and families to address the developmental, social and emotional, and behavioral challenges of children from birth through school age. These services are intended to support program capacity to foster healthy development and promote school success of children.

☐ xi. Other.

Describe:

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

Massachusetts does not have one standard for poverty since different benefits programs use different income metrics. For subsidized child care, we use State Median Income (SMI) since Massachusetts income as a whole is significantly higher than incomes in other states. EEC has an entry income standard of 50% of SMI to prioritize low income families living in all pockets of the Commonwealth. For example, for household size of two, 50% SMI is equivalent to between 225-250% of the 2018 Federal Poverty Guidelines. EEC is also considering using the CDC's Social Vulnerability Index to identify and inform funding to high need communities across the state. This index rates localities based on indicators reflecting 1) socio-economic status, 2) household composition and disability, 3) minority status and language and 4) housing type and transportation.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

All early education and care providers holding contracts in Massachusetts are required to participate in the Commonwealth's QRIS. In addition, any program that is licensed or license exempt is eligible to participate in the Commonwealth's voucher program are required to participate in the Commonwealth's QRIS as a condition of serving children through voucher. EEC is in the process of a comprehensive overhaul of its regulatory structures, including its licensing regulatory structure, principles, and designations. Since the 2010 licensing re-write, it has become clear that EEC must support separate regulations for home based and center based programs. Within these, EEC is designating licenses for those working with children 0-5, those working with school age children, and those working with both. The principles guiding the overhaul for licensing include closer integration between quality efforts and licensing and monitoring, with integrated staffing functions and support structures to activate licensing as the first tier of quality, and monitoring as an avenue towards continuous quality improvement. Additional principles are to align educator credentialing, a Professional Registry, and other educator expectations within their own regulatory set. Finally, EEC is working to ensure each regulation is observable, measurable, and verifiable; and that they reduce provider burden and ensure programs are free to focus on high quality child and family outcomes. The timeline for the regulatory overhaul is to have a framework in place by summer 2021 and execute new regulations in FY22, with a staged plan for adoption to allow programs time to achieve regulatory compliance over a period of time.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to

parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08
). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

☐ Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

☐ a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

☐ b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

☑ No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

☐ i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

☑ ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

EEC plans to use cost data collected during strategic planning in FY20 and FY21 to support the use of a cost study to evaluate and adjust subsidy payment rates. EEC has a robust data set on costs of different types of programs from cost data gathered during the 2018 MRS, a cost study of the Preschool Expansion Grant funded programs and a survey validating costs that was conducted in January 2020 as part of agency strategic planning. EEC is currently developing the details of the methodological approach and identifying if there is any supplemental data collection necessary to understand changes in costs since 2020. Once these details are in place EEC will coordinate pre-approval with ACF. Additionally, EEC is exploring the idea of using data collected during the roll-out of its workforce stabilization grants to further support the alternative methodology evaluation. Regardless, EEC will engage the field to discuss methodology before determining an approach.

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. 06/30/2018

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

As part of the last MRS, Massachusetts and its consultant formed a special MRS Advisory Council made up of representatives of the Child Care Resource and Referral Agencies, Center Based providers, Family Child Care Systems, Family Child Care providers, Head Start providers, and the Service Employees International Union (SEIU) Local 509. This Advisory group was instrumental in preparing the survey questions, design, providing survey testing, and outreach support. Throughout this process, stakeholders consistently expressed interest in moving to an approach based in empirical estimates of costs, rather than market rates in future years. As a result, EEC piloted an approach to collect cost data as part of the 2018 MRS. Following completition of the MRS, EEC presented the findings to the EEC Board, its State Advisory Council for review and approval.

b) Local child care program administrators:

As part of the last MRS, Massachusetts and its consultant formed a special MRS Advisory Council that included representatives of Center Based providers, Family Child Care Systems, Family Child Care providers, and Head Start providers.This Advisory group was instrumental in preparing the survey questions, design, providing survey testing, and outreach support. Throughout this process, stakeholders consistently

expressed interest in moving to an approach based in empirical estimates of costs, rather than market rates in future years. As a result, EEC piloted an approach to collect cost data as part of the 2018 MRS

c) Local child care resource and referral agencies:

As part of the last MRS, Massachusetts and its consultant formed a special MRS Advisory Council that included representatives of the Child Care Resource and Referral Agencies.This Advisory group was instrumental in preparing the survey questions, design, providing survey testing, and outreach support. Throughout this process, stakeholders consistently expressed interest in moving to an approach based in empirical estimates of costs, rather than market rates in future years. As a result, EEC piloted an approach to collect cost data as part of the 2018 MRS.

d) Organizations representing caregivers, teachers, and directors:

As part of the last MRS, Massachusetts and its consultant formed a special MRS Advisory Council included representatives from the Service Employees International Union (SEIU) Local 509.This Advisory group was instrumental in preparing the survey questions, design, providing survey testing, and outreach support. Throughout this process, stakeholders consistently expressed interest in moving to an approach based in empirical estimates of costs, rather than market rates in future years. As a result, EEC piloted an approach to collect cost data as part of the 2018 MRS

e) Other. Describe:

n/a

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures

- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: Click or tap here to enter text.

Using a census survey approach, PCG calculated the target sample size needed to achieve statistical significance for each region of the state for each provider type (FCC providers and Center-Based providers) using a 95 percent confidence level and a margin of error of +/- 5.0 percentage points. EEC provided PCG with information on each of the state's licensed child care programs, including program name, address, telephone number, email address, program identification number, program type (FCC providers vs. Center-Based providers), license status, and EEC subsidy reimbursement rate region assignment. This sampling frame may be used to support any future cost data collection.

ii. Provide complete and current data:

The goal was to collect sample data (responses) from the same or similar proportion of providers in these subgroups as is in the full licensed population (e.g. if in region 1, 50% of FCC providers accept state subsidy, the sample of responses should also include about half of providers that accept state subsidy).

iii. Use rigorous data collection procedures:

To gather a statistically representative sample, PCG utilized targeted follow-up outreach reminders based on provider type and region. In addition, PCG monitored level of representation of the sample collected on the following subgroup characteristics: participation in EEC subsidy (vs. private pay only), and program structure i.e. FCC System or Center-Based multi-site affiliation (vs. independent).

iv. Reflect geographic variations:

The survey yielded high response rates and a statistically significant and representative sample by provider type, EEC subsidy reimbursement rate region, and ages of children served. More than a third (37%) of all licensed providers responded to

the survey (1,849 FCC providers and 1,389 Center-Based providers) and the survey had a margin of error of 3.7 to 5.2 percentage points for Family Child Care and 3.5 to 5.7 percentage points for Center Based providers.

v. Analyze data in a manner that captures other relevant differences:

EEC's consultant conducted a thorough data cleaning process to pull valid responses and remove duplicates and outliers. The following steps were taken: Step 1: Move partial raw survey responses that included a unique ID and rate data to a complete and valid response.; Step 2: Matched Program ID to administrative data to confirm that the response was received from a valid licensed open provider and removed duplicates; Step 3: Removed providers that are no longer operating; Step 4: Recalculated total response rates by region and provider type. Following data cleaning, EEC's consultant conducted a series of rate analysis steps including: Step 1: Converting data entry errors of hours of operation into correct A.M. and P.M. designations; Step 2: Moving clear data entry errors for rate data into the correct unit (hourly, daily, weekly, monthly); Step 3: Converting all rate data into a daily rate, so that rate rates could be compared across provider types and against the EEC subsidy reimbursement rate structure.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

- [x] No
- [ ] Yes.

If yes, why do you think the data represents the child care market?

n/a

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

a) Geographic area (e.g., statewide or local markets). Describe:

EEC's consultant used administrative data to assign and track responses by EEC's

geographic subsidy rate regions. The MRS achieved a statistically significant and representative sample for all subsidy rate regions. This methodology will provide the basis for any future data collection to update our understanding of the post-COVID costs.

b) Type of provider. Describe:

EEC's consultant used administrative data to assign and track responses by provider type to ensure that there was a statistically significant and representative sample of Family Child Care, Center Based, and Out of School Time programs.

c) Age of child. Describe:

EEC's MRS collected rate information by each age group, including infants, toddlers, preschool age children, and school age children.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

The Market Rate Survey collected information around quality including accreditation types, participation in QRIS, and barriers to achieving higher quality programs, as well as barriers to participating in the child care subsidy program. The Market Rate Survey also included a basic cost of care section to begin evaluation of the cost of quality. An optional detailed cost section could also be completed by providers.

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

- [x] No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- [ ] Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

EEC is in the process of developing a methodological plan to conduct a cost study for the purposes of setting rates. Once the foundational design is complete, EEC will coordinate approval with ACF.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providersâ implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. July 30, 2018

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The results of the MRS were presented and discussed publicly at the EEC Board meeting on June 12, 2018. EEC also released the full report via email to all contracted providers and CCRRs. Finally, the report was posted on EEC's website at: https://www.mass.gov/lists/department-of-early-education-and-care-general-reports#market-rate-survey-reports-.

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The Market Rate Survey Advisory Group described in 4.2.2 met on May 31, 2018 to discuss the preliminary findings and report draft. Comments made at that meeting were incorporated into the final report

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as

identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:$76.35 Daily

Full-time weekly base payment rate: $381.75

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 37.1

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:$66.39 Daily

Full-time weekly base payment rate: $331.95

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 49.6

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:$47.99 Daily

Full-time weekly base payment rate: $239.95

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 41.8

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:$41.89 Daily

Full-time weekly base payment rate: $209.45

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 52.8

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:$47.94 Daily

Full-time weekly base payment rate: $239.70

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 68.1

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:$47.94

Full-time weekly base payment rate: $239.70

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 76.4

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:$38.14

Full-time weekly base payment rate: $190.70

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60.3

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:$38.14

Full-time weekly base payment rate: $190.70

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 61.9

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

EEC publishes daily rates which were multiplied by 5 to calculate a weekly rate.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care is defined as "care for more than 30 hours but not more than 50 hours per week at any one placement, unless otherwise approved by EEC." Part-time care is defined as "care for up to 30 hours per week (i.e. 3 full Days or 5 part Days)." Reimbursement for part-time care is 60 percent of the full time rate

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 07/01/2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

\Region 3 - Northeast Massachusetts

f. Provide the citation, or link, if available, to the payment rates EEC¿s rate chart may be found at: https://www.mass.gov/service-details/daily-reimbursement-rate-for-early-education-and-care-programs

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

n/a

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

☑ a. Geographic area.

Describe:

EEC designates six separate reimbursement regions in the Commonwealth and sets different payment levels for each region to account for differences in geographic area.

☑ b. Type of provider.

Describe:

EEC sets rates based on the type of provider with separate rates for center based, family child care, after school, informal child care, kindergarten, and Head Start providers.

☑ c. Age of child.

Describe:

EEC sets different payment rates based on the age of the child. Center based rates are set based on Infant (0-15 months), Toddler (15 months to 2 years, 9 months), Preschool (2 years, 9 months to 5 years), and School age (5 years and up). Family child care rates are set based on the child being under the age of 2 or over the age of 2.

☐ d. Quality level.

Describe:

☐ e. Other.

Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

- ☐ No.
- ☑ Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.
- ☐ a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

- ☐ b. Differential rate for non-traditional hours.

Describe:

- ☐ c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

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

Describe:

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

Describe:

☑ f. Differential rate for higher quality, as defined by the state/territory.

Describe:

EEC has implemented a 3% rate increase for any programs serving infants and toddlers through the child care subsidy program that have achieved a Level 2 or above rating in QRIS. If a program is at QRIS level 2 or above, EEC's billing system, CCFA automatically pays the program the higher rate for any infant or toddler in their program

☑ g. Other differential rates or tiered rates.

Describe:

Through its Priority Populations contracts, programs awarded contracts to serve children in protective services, children of teen parents, and homeless children receive an additional $20 per day.

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

EEC's base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF. EEC requires that any provider who receives CCDF funding sign a Voucher Services Agreement. The Voucher Services Agreement requires that all providers receiving CCDF funding must comply with all EEC's statutes, regulations, policies and procedures, which include 606 CMR 7.00 (EEC licensing regulations). EEC licensing requirements meet or exceed CCDF required levels for health, safely, quality and staffing. Since EEC only allows licensed or qualified licensed-exempt providers to accept subsidy, providers are already willing to accept EEC payment rates as one of the ways to fund the health, safety, quality, and staffing requirements. Furthermore, EEC's base rates are not the sole source of funding and a majority of providers utilize multiple funding streams, including parent fee contributions, private pay families, fundraising, and endowments.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

EEC has not traditionally used the Market Rate Survey or cost of care to set payments rates but rather as a piece of information to inform rate discussions. Over the last few fiscal years, the EEC Board makes funding recommendations to the Governor and the legislature to be considered during the upcoming budget deliberations. While EEC has received millions of dollars in funding for rate increases over the last few years, the legislature has mandated across the board rate increases rather than specific increases based off the MRS. For family child care, EEC has to negotiate a collective bargaining agreement with SEIU Local 509 that also typically requires across the board rate increases. EEC and the EEC Board has made provider reimbursement a key component of the current EEC Strategic Plan and will continue to work with the Governor and the legislature to evaluate payment methodologies to address the cost of care. It should be noted that during the COVID pandemic, EEC has provided additional funding to help providers with increased costs. EEC has provided Personal Protective Equipment, cleaning supplies, and access to COVID testing for all licensed providers. EEC is also distributing $30 million in state funded operational grants to programs to help with COVID costs. Center based providers who serve subsidized children are eligible to receive workforce grants to address the challenge of recruiting and retaining qualified educators during the COVID-19 crisis. Funding is based on licensed capacity, not number of

children enrolled, and extra funding is provided for programs serving school-age children engaged in remote learning. All reopened licensed family child care providers are eligible to receive a lump sum payment to improve licensed child care space to maximize health and safety protocols, to pay for emergency repairs to licensed space, or to invest in quality improvement purchases. Extra funding is provided for family child care providers serving school-age children engaged in remote learning. Lastly, EEC is traditionally governed by state price limitation regulations that preclude a program from charging a rate below the state subsidized rate and has precluded programs from offering discounts to parents. During the COVID-19 pandemic, EEC sought and received a waiver from this provision to help support programs and families. In June 2021, EEC received an additional year waiver from this provision.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

In 2009, EEC looked at the gap between the EEC Rate and the MRS. If we wanted to close that gap, the percentage would have to vary between regions and type of care. Therefore EEC, wanted to achieve four objectives: reduce the gap between EEC rates and Market Median; rate increase falls within available funding and budget restrictions; rate increase is sustainable; and maintain rates by region. In August 2012, funding was available to provide a 3% add-on for I/T groups only, projected to cost the agency between $4.2M and $5M. I/T age group was a priority, and EEC recognized that we would be able to serve 504 fewer children on average due to this rate increase. Additionally, as part of EEC's strategic plan, EEC is committed to incorporating the cost of quality in work around provider reimbursement.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

EEC continues to monitor level of participation by licensed providers in the subsidy system to ensure that parents have access to a broad range of providers. EEC continues to review payment rates regularly as a key support of the early education workforce and provides rate increases as allowable based on available funding. To address COVID costs, EEC continues to evaluate provider needs and either purchase items for provides, such as PPE, cleaning supplies, and testing, or to provide funding separate from reimbursement rates.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established

part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☐ i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

☑ ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Generally, EEC reviews, processes, and schedules payments within 3 to 7 days of receipt of any request for reimbursement. Once scheduled in the Commonwealth's accounting system, payments are made overnight. All payments by EEC are made by electronic fund transfer to contract providers and CCRRs. Many CCRRs also use electronic fund transfer to pay voucher providers based on provider preference.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

☑ i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

Due to the COVID 19 pandemic, EEC began paying subsidized providers based on their enrollment, instead of based on attendance. This payment practice started in March 2019 and will continue indefinitely at this time.

☐ ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

☐ iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

☐ iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

EEC's rates are based on a per child, per day value based on the child's schedule and attendance. Programs serving children authorized for full time care are reimbursed up to the full day rate for any care longer than 6 hours. Programs serving children 6 hours or fewer hours due to the child's authorization, schedule, or parent choice are reimbursed 60% of full time rate. EEC's School Age rates for children in Center Based Programs function differently with designated Before School, After School, and Full Day rates rather than a calculation for less than 6 hours of care. During the COVID

pandemic, due to constant adjustments to in-person learning for school age children, EEC has provided full day payment 5 days a week for children who attend full day on some days to ensure that providers are able to maintain stable staff and groupings.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

EEC collected data on registration fees as part of the most recent Market Rate Survey. Results showed that only 37.1 percent of providers charge private pay clients registration fees. EEC has determined that registration fees are not a generally accepted practice in the state and therefore will not pay for registration fees for subsidized clients. It is important to note that EEC has not historically allowed providers to charge subsidy families registration fees and EEC intends to continue that restriction.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

All payment practices are detailed in the voucher agreement signed on an annual basis by voucher providers and are detailed in the contract documents for providers holding direct contracts. Providers are notified of any increase in rates if they occur during the course of the year.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

Both parents and providers are issued 2-week notice of termination of subsidy if a family's eligibility changes during an authorization. Providers also have access to view the end dates of all authorizations through EEC's subsidy management system.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

All disputes and resolutions are handled on a case by case basis in a prompt manner by the Associate Commissioner for Accounting and Contracts. All disputes are responded to within one business day and most disputes are resolved within 3-5 business days.

g. Other. Describe:

n/a

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- [x] No, the practices do not vary across areas.
- [ ] Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

EEC's payment practices support equal access to a range of providers by providing stability of funding and encouraging more child care providers to serve children receiving CCDF subsidies. For instance, EEC's payment practices described in section 4.5 ensure payment is promptly made, covers longer period of times, and has prompt resolution of conflicts. Additionally, EEC also pays for 12 holidays and 5 professional development days. Due to the COVID 19 pandemic, EEC began paying subsidized providers based on their enrollment, instead of based on attendance. This payment practice started in March 2019 and will continue indefinitely at this time.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

☐ a. Limit the maximum co-payment per family.

Describe: .

☐ b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

☑ c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

EEC policy is that parents enter the subsidy at or below 50% of the SMI and can remain in care until 85% SMI. Massachusetts SMI is higher than most states, which means that families can continue receiving a subsidy longer than in most benefit programs. EEC's co-payment chart adjusts to higher levels based on household size and income, so the parent fee gradually increases for families as they approach the income limit.

☑ d. Other.

Describe:

As described in section 3.2.4, under EEC's parent fee chart, families do not owe any parent fees until their income goes above 100% of the Federal Poverty Level.

Fee Level 1 of the chart includes all incomes up the Federal Poverty Level for each household size and assesses a 0% fee. Additionally, for families with incomes above 100% of the Federal Poverty Level, EEC's chart calculates fees only on the amount of income a family has above the poverty threshold for their household size. As a result, the average parent fee for all fee-paying families is 2.4% if all family income and 98% of families will pay a fee that is 7% or less of all family income.

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- [x] No
- [ ] Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important

to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

☑ a. Center-based child care.

i. Identify the providers subject to licensing:

Center-Based Providers operate in facility settings on a regular basis which receive children not of common parentage under 7 years of age, or under 16 years of age if those children have special needs, for nonresidential custody and care during part or all of the day separate from their parents

ii. Describe the licensing requirements:

The Standards for the Licensure or Approval of Family Child Care, Small Group and School Age and Large Group and School Age Child Care Programs address the

requirements to be met by all providers of early education and care services in the Commonwealth, whether home, school or center-based

iii. Provide the citation:

606 CMR 7.00 Standards for the Licensure or Approval of Family Child Care, Small Group and School Age and Large Group and School Age Child Care Programs

☑ b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family Child Care Providers operate private residences which, on a regular basis, receive for temporary custody and care during part or all of the day, children under 7 years of age, or children under 16 years of age if those children have special needs, and receive for temporary custody and care for a limited number of hours children of school age under regulations adopted by the board. The total number of children under 16 in a family child care home shall not exceed 6, including participating children living in the residence. The total number of children under 16 in a large family child care home shall not exceed 10 and must have an approved assistant any time the capacity exceeds 6 children.

ii. Describe the licensing requirements:

The Standards for the Licensure or Approval of Family Child Care, Small Group and School Age and Large Group and School Age Child Care Programs the requirements to be met by all providers of early education and care services in the Commonwealth, whether home, school or center-based.

iii. Provide the citation:

606 CMR 7.00 Standards for the Licensure or Approval of Family Child Care, Small Group and School Age and Large Group and School Age Child Care Programs

☐ c. In-home care (care in the childâs own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

EEC has exempted particular groups from its licensing requirements. These groups include: any part of a public school system; any part of a private organized educational system, unless the services of such a system are primarily limited to kindergarten, nursery or related pre-school services; any part of a program operated by an organized educational system for the children enrolled in that particular system, unless the services of such system are primarily limited to a school age child care program.

ii. Provide the citation to this policy:

606 CMR 7.00 Standards for the Licensure or Approval of Family Child Care, Small Group and School Age and Large Group and School Age Child Care Programs

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

All exempted center-based providers receiving CCDF funding are subject to comprehensive health and safety standard set forth in the Compliance Requirements, including background record checks and annual monitoring for compliance and technical assistance, conducted by an EEC Funded Program Monitor. In addition,

these particular exemptions do not endanger the health, safety and development of children as center-based child care operated by public schools is under the jurisdiction of other state and local agencies that regulate health and safety concerns related to physical space and educator background record checks, including state and national finger print checks. Center-based child care operated as part of a private organized educational system, unless the services of such a system are primarily limited to kindergarten, nursery or related pre-school services or care operated by an organized educational system, unless the services are primarily limited to a school age child care program are under the jurisdiction of local agencies that regulate health and safety concerns related to physical space and educator background record checks, including state and national finger print checks.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

n/a

ii. Provide the citation to this policy:

n/a

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

n/a

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

Non-related caregivers must be at least 18 years old, must provide care in the child's home, and may not be residents of the child's household. The total number of the caregiver's own children under the age of 13 and all of the children under the age of 13 who reside in the child's home cannot exceed five. Children under the age of 16 with special needs shall be included in determining a caregiver's capacity.

ii. Provide the citation to this policy:

606 CMR 7.00 Standards for the Licensure or Approval of Family Child Care, Small Group and School Age and Large Group and School Age Child Care Programs

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

In Home non-relative providers must apply for and obtain a Certificate of Eligibility for Funding and must have a background free of conduct which, in EEC's sole judgment, bears adversely upon their ability to provide for the safety and well-being of children before a child care voucher can be issued. Child care vouchers cannot be issued for an In-Home non-relative caregiver until EEC has conducted a background record check (BRC) and has notified the CCRR that the individual's BRC has been approved. In-Home non-relative providers are subject to standards set forth in the Compliance Requirements and are monitored at least annually by an EEC Funded Program Monitor for compliance and technical assistance with all health and safety requirements.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

An infant is defined as child under 15 months of age.

b. Toddler. Describe:

Toddler is defined as a child who is at least 15 months of age, but under 33 months of age.

c. Preschool. Describe:

A preschool age child is defined as any child at least 2.9 years, but not yet attending first grade.

d. School-Age. Describe:

A school age child is defined as a kindergarten child or a child who is attending a public or approved private elementary school.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1 educator : 3 infants; or 2 educators : 7 infants

B. Group size:

Max. group size 7

ii. Toddler

A. Ratio:

1 educator : 4 toddlers; or 2 educators : 9 toddlers

B. Group size:

Max. group size is 9

iii. Preschool

A. Ratio:

1 educator : 10 preschool age children; or 2 educators : 20 preschool age children

B. Group size:

Max. group size is 20.

iv. School-age

A. Ratio:

1 educator : 13 school age children; or 2 educators : 26 school age children

B. Group size:

Max. group size is 26

v. Mixed-Age Groups (if applicable)

A. Ratio:

For mixed Infant/Toddler groups, EEC child care licensing regulations set forth the following group size limitations: no more than 9 children, of which no more than 3 infants may be infants. In addition, the regulations establish the following educator to child ratios for mixed Infant/Toddler groups: 1:3 or 2:9. For mixed Toddler/Preschool groups, EEC child care licensing regulations restrict group size for the classroom to no more than 9 children with educator to child ratios of 1:5 or 2:9. For mixed Preschool/School Age groups, group size for the classroom is restricted to no more than 20 children with a maximum age of 8 years and educator to child ratios of 1:10 or 2:20.

B. Group size:

For mixed Infant/Toddler groups, EEC child care licensing regulations set forth the following group size limitations: no more than 9 children, of which no more than 3 infants may be infants. For mixed Toddler/Preschool groups, EEC child care licensing regulations restrict group size for the classroom to no more than 9 children. For mixed Preschool/School Age groups, group size for the classroom is restricted to no more than 20 children.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Infants (Birth up to 15 months) 7 Infants 1:3, one additional adult for 4 to 7 Infants. Toddlers (15 to 33 months) 9 toddlers 1:4, one additional adult for 5 to 9 toddlers. Preschoolers (33 months to school age) 20 1:10. Kindergarten (attending first grade the following year) 25 1:12 . School Age 26 1:13. Infant/Toddler Group 9; no more than 3 Infants 1:3; one additional adult for 4 to 9 children 20. Mixed Age Ratios and Group Sizes for license-exempt providers are: Toddler/Preschool Group 9 1:5; one additional adult for 6 to 9 children. Preschool/School Age Group 20; maximum age is 8 years 1:10. Kindergarten/School Age Group 25 1:12.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

For six or fewer children with 1 educator - No more than three children younger than two years old, including at least one toddler who is walking independently. Additional children must be older than 24 months. For six or fewer children with 2 educators - No more than six children younger than two years old. For seven or eight children with 1 educator - No more than three children younger than two years old, including at least one toddler who is walking independently. Additional children must be older than 24 months. All children over capacity of six must be school age.

For seven to ten children with 2 educators - No more than six children younger than two years old, including no more than three infants. For seven to ten children with 3 educators - No more than six infants. Additional children must be 15 months of age or older. -- Group size: For six or fewer children with 1 educator - No more than three children younger than two years old, including at least one toddler who is walking independently. Additional children must be older than 24 months. For six or fewer children with 2 educators - No more than six children younger than two years old. For seven or eight children with 1 educator - No more than three children younger than two years old, including at least one toddler who is walking independently. Additional children must be older than 24 months. All children over capacity of six must be school age. For seven to ten children with 2 educators - No more than six children younger than two years old, including no more than three infants. For seven to ten children with 3 educators - No more than six infants. Additional children must be 15 months of age or older.

B. Group size:

In a family child care program, the maximum group size is 6 children. In a large family child care program, the maximum group size is 10 children.

ii. Infant

A. Ratio:

n/a

B. Group size:

n/a

iii. Toddler

A. Ratio:

n/a

B. Group size:

n/a

iv. Preschool

A. Ratio:

n/a

B. Group size:

n/a

v. School-age

A. Ratio:

n/a

B. Group size:

n/a

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

n/a

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

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

i. Mixed Groups (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

ii. Infant (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

iii. Toddler (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

iv. Preschool (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

v. School-age (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

vi. Describe the ratio and group size requirements for license-exempt in-home care.

The Informal Provider shall care for no more than five children at any one time. Within the capacity of five, no more than three children under the age of two may be cared

for, provided that at least one child is fifteen months of age and walking independently. All other children shall be older than twenty four months.

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

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Infant/Toddler teacher: must be at least 21 years of age or have a high school diploma or equivalent and meet one of the following sets of requirements: Have successfully completed 3 credits in category Child Growth and Development and have nine months of work experience or one practicum; or Have a Child Development Associate (CDA) Credential; or Have graduated from a two-year high school vocational program in early childhood education, approved by the Department for both the education and experience requirements and have been evaluated and recommended by the program instructor. The following education may substitute for a portion of the required work experience: An Associate's or Bachelor's degree in early childhood education or a related field of study may substitute for six months of the required experience. A Bachelor's degree in an unrelated field of study may substitute for three months of the required experience. For infant-toddler teachers, one continuing education unit (ten hours of instruction) in category Infant and Toddler Development, Care and Program Planning may substitute for three months of work experience. To be qualified as an infant/toddler teacher, three months of the required work experience must be in caregiving to infant/toddlers. Preschool teacher: must be at least 21 years of age or have a high school diploma or equivalent and meet one of the following sets of requirements: Have successfully completed 3 credits in category Child Growth and Development and have nine months of work experience or one practicum; or Have a Child Development Associate (CDA) Credential; or Have graduated from a two-year high school vocational program in early childhood education, approved by the Department for both the education and experience requirements and have been evaluated and recommended by the program instructor. The following education may substitute for a portion of the required work experience: An Associate's or Bachelor's

degree in early childhood education or a related field of study may substitute for six months of the required experience. A Bachelor's degree in an unrelated field of study may substitute for three months of the required experience. To be qualified as a preschool teacher, three months of the required work experience must be in caregiving to preschool age children. School Age Group leader: Shall be at least 18 years of age and meet one of the following sets of requirements: Have a Bachelor's Degree or an Associate's Degree; and have three months of experience working with school age children; or Have a high school diploma or equivalent; and have six months of experience working with school age children including three months of supervised experience at a school age child care program; or Have nine months of experience with school age children including three months of supervised experience at a school age child care program. In a mixed Infant/Toddler group, there must be at least one Infant/Toddler teacher whose qualifications are described above. In a mixed Toddler/Preschool group, there must be at least one Infant/Toddler teacher and one Preschool teacher whose qualifications are described above. There must be at least one qualified Preschool teacher in a mixed Preschool/School Age group as described above.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: Directors working in a licensed center-based program must be at least 21 years of age and have met one of the following sets of requirements for education and experience. At least nine months of work experience or one practicum must be with either infants and toddlers or preschoolers (if with infants /toddlers, the total work experience is reduced by 1/3): High school diploma or equivalent; and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 36 months of work experience; High school diploma or equivalent CDA credential in Center-based, home visitor or family child care setting with a preschool or infant/toddler endorsement and 27 months of work experience; Associate's degree in Early Childhood Education or related field of study and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 18 months of work experience; Bachelor's degree in an

unrelated field of study and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 18 months of work experience; Bachelor's or advanced degree in Early Childhood Education or in a related field of study and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 9 months of work experience; Alternative Early Childhood Training Program and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 27 months of work experience; Certification as an Early Intervention Specialist by the MA Department of Public Health K-3 Teacher for Young Children with Special Needs Certification from the MA Department of Elementary and Secondary Education. Have 6 months of work experience after meeting the above qualifications (Lead Teacher qualifications), have evidence of satisfactory completion of at least 2 credits or 3 CEUS in category Child Care Administration; and have evidence of completion of at least 2 additional credits or 3 CEUs in any of the following categories: Child Growth and Development, Birth - Eight Years. Planning Programs and Environments for Young Children Curriculum for Early Childhood Settings Child and Classroom Management Advanced or Specialized Early Childhood Education or Development Children with Special Needs, Birth through 16 years. Infant and Toddler Development, Care, and Program Planning Health and Safety in Early Childhood Families and Community Child Care Policy Supervision or Staff Development in Early Childhood Education Child Observation, Documentation and Assessment

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

EEC does not monitor educator/provider qualifications and credentials for CCDF license-exempt child care programs and instead monitoring focuses on pre-service health and safety trainings. All program staff in funded center-based programs must complete the full suite of EEC Essentials health and safety trainings, which includes pediatric first aid and CPR. In Funded Programs that only run before and after school care and do not care for infants, program staff are not required to complete the Infant Safe Sleep and Shaken Baby Syndrome training modules in the suite. For all funded center-based programs, while all staff must complete CPR and First Aid trainings,

programs must ensure that at least one at least one staff member currently trained and certified in age-appropriate CPR and first aid must be on the premises at all times when children are present. For all funded center-based programs, while all staff must complete medication administration trainings, the Program must ensure that at least one adult with training in medication administration is present at any and all times when children are in care.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

n/a

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

All family child care educators must be at least 18 years of age. Prior to being licensed for the first time to provide family child care an applicant must submit evidence of current certification in basic first aid and CPR that is age appropriate for all of the children in care. In addition, an applicant for a license to care for six or fewer children must have at least the following: one year of experience as a parent; or one year of full-time experience, or the equivalent, in caring for children younger than 12 years of age; or nine months of full-time experience in caring for children younger than 14 years of age and completion of 15 hours of training, approved by the Department, not including the EEC educator orientation; or six months of fulltime experience in caring for children younger than 12 years of age and completion of 30 hours of training, approved by the Department, not including the EEC orientation; or qualification as a teacher or site coordinator by EEC. An applicant for a license to care for seven or eight children, at least two of whom must be school age, must have evidence of having completed within one year prior to application a pre-service training approved by the Department; and either: two years of experience as a family child care licensee or certified assistant; or one year of experience as a family child care licensee or certified assistant and one additional year caring for unrelated children in a group setting; or EEC certification as a teacher or site coordinator. An additional three credits in education or early childhood education may substitute for six months of the required additional experience. An additional six credits in education or early childhood education may substitute for nine months of the required additional

experience. An applicant for a license to care for nine or ten children must have evidence of having completed within one year prior to application a five hour pre-service training approved by the Department and either: three years of experience as a family child care licensee or certified assistant, or one year of experience as a family child care licensee or certified assistant; and one of the following: two additional years caring for unrelated children in a group setting, which may include experience as a family child care licensee or certified assistant; EEC certification as a teacher or site coordinator and one additional year of experience caring for unrelated children in a group setting, which may include experience as a family child care licensee or certified assistant. An additional three credits in education or early childhood education may substitute for six months of the required additional experience. An additional six credits in education or early childhood education will substitute for nine months of the additional required experience.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:
n/a

iii. If applicable, provide the website link detailing the family child care home provider qualifications:
n/a

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:
n/a

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:
Non-relative informal child care providers must be at least 18 years of age or older and may not be a resident of the child's household. Prior to providing and being reimbursed for subsidized child care, the non-relative informal child care provider must have been issued a Certificate of Eligibility for Funding from EEC which certifies that the non-relative informal provider has completed EEC's background record check

process, completed all applicable pre-service health and safety trainings (EEC Essentials) and required orientation, has obtained current and valid CPR and first aid certification appropriate to the ages of children served, agrees to annual monitoring visits from the EEC demonstrating compliance with all applicable health and safety requirements (in accordance with parental permission), including but not limited to those identified in the Compliance Requirements for Informal Non-Relative Child Care Providers, and agrees to only provide subsidized care in the child's home.

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety
standards
for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider

setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The Department requires that all child care programs, including license exempt-CCDF Funded Programs, follow infection control guidelines for serious illnesses, infectious diseases and reportable diseases in conformance with the Department of Public Health, including notifying all parents when any infectious disease or condition has been introduced into the child care program. Additionally, all educators must be trained in and adhere to infection control procedures such as hand washing for children and themselves; cleaning, sanitizing, and/or disinfecting of surfaces and equipment, toys and personal items; and clean-up of bodily fluids and blood. EEC licensing regulations and Compliance Requirements for CCDF Funded Programs also require programs to collect and maintain immunization records for child care children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In large group and school age programs, smooth, surfaced, non-porous floors and mops used for cleaning must be washed and disinfected at least daily.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

606 CMR 7.06(7)(a)(13) and 606 CMR 7.11(9) and (10); Compliance Requirements for Funded Center-Based Programs 8.01; and Compliance Requirements for Funded Informal Care Providers 9.01.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

606 CMR 7.11(9) and (10); Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12. https://www.mass.gov/guides/eecs-strongstart-onlineprofessional-development-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed and license exempt CCDF Programs serving infants must follow safe sleep practices in accordance with American Academy of Pediatrics (AAP), Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (ASTM) recommendations. Such practices include that all educators working with infants place infants on their backs for sleeping, unless the child's health care

professional orders otherwise in writing; nap infants in individual cribs, portacribs, playpens or bassinets; ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas; ensure that slats on cribs are no more than 2 3/8 inches apart and ensure that cribs, portacribs, playpens or bassinets used for sleeping infants younger than 12 months of age do not contain pillows, comforters, stuffed animals or other soft padded materials.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For family child care programs, the educator must visually observe napping children at least every 15 minutes. When children are placed in a separate room for naps, the door must be ajar. Children younger than 6 months of age at the time of enrollment in a program must be under direct visual supervision at all times, including while napping, during the first six weeks they are in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

606 CMR 7.11(13)(e);Compliance Requirements for Funded Center-Based Programs 8.02; and Compliance Requirements for Funded Informal Care Providers 9.02.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

606 CMR 7.11(13)(e).; Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12. https://www.mass.gov/guides/eecs-strongstart-onlineprofessional-development-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-

approval-0/download

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Each licensed and CCDF Funded program must have a written policy regarding administration, handling, documentation, and disposal of prescription and nonprescription medication, including that all medications are in the containers in which they were originally dispensed and with their original labels affixed. Emergency medications such as epinephrine autoinjectors must be immediately available for use as needed. Each time medication is administered, program staff must document in the child's record the name of the medication, the dosage, the time and the method of administration, and who administered the medication. The program must also maintain as part of a child's record, an individual health care plan for each child with a chronic medical condition, which contains the condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered. EEC licensing regulations and Compliance Requirements for CCDF Funded Programs require written parental consent for the use of non-prescription and topical, nonprescription medications. Furthermore, each program must have a written policy regarding administration of prescription and nonprescription medication. The policy must provide for the administration of medications ordered by a child's health care practitioner.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Large group and school age programs must have access to Health Care Consultant. Programs may, with written parental consent and authorization of a licensed health care practitioner, develop and implement and individual health care plan that permits

older school age children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. If an individual health care plan provides for a child to carry his or her own medication, the program must maintain on-site a back-up supply of the medication for use as needed.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
606 CMR 7.11(2) and (3);Compliance Requirements for Funded Center-Based Programs 8.03; and Compliance Requirements for Funded Informal Care Providers 9.03.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
606 CMR 7.11(2) and (3); Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12 . https://www.mass.gov/guides/eecs-strongstart-onlineprofessional-development-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
EEC does not monitor educator/provider qualifications and credentials for CCDF license-exempt child care programs and instead monitoring focuses on pre-service health and safety trainings. All program staff in funded center-based programs must complete the full suite of EEC Essentials health and safety trainings, which includes pediatric first aid and CPR. In Funded Programs that only run before and after school care and do not care for infants, program staff are not required to complete the Infant Safe Sleep and Shaken Baby Syndrome training modules in the suite. For all funded center-based programs, while all staff must complete CPR and First Aid trainings, programs must ensure that at least one at least one staff member currently trained and certified in age-appropriate CPR and first aid must be on the premises at all times when children are present. For all funded center-based programs, while all staff must

complete medication administration trainings, the Program must ensure that at least one adult with training in medication administration is present at any and all times when children are in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Each licensed and CCDF Funded program must post, in a manner that protects the privacy of each child: a list of all emergency or lifesaving medications, including but not limited to epinephrine auto- injectors, inhalers, and anti-seizure medications, that specifies to which children they belong; and a list of allergies and/or other emergency medical information provided by the parent for each child. Educators must follow the directions of the parents and /or the child's physician regarding any food allergies of a child. Additionally, programs must establish a plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children from that to which they are allergic. All CCDF Funded Programs must have and follow a written health care policy that includes a plan for meeting individual children's specific health care needs, including, but not limited to: procedures for identifying children with allergies and protecting children from that to which they are allergic, if applicable.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

n/a

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

606 CMR 7.04(14)(c); 606 CMR 7.12(4); 606 CMR 7.11(19)(a)6; Compliance Requirements for Funded Center-Based Programs 8.03(4); and Compliance Requirements for Funded Informal Care Providers 9.03(2).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

606 CMR 7.04(14)(c); 606 CMR 7.12(4); Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12; https://www.mass.gov/guides/eecsstrongstart-online-professional-development-.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

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

week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Each licensed and CCDF Funded program must ensure that the physical facilities are safe, clean, in good repair and free from hazards and clutter. Each program must monitor the environment daily to identify and remove or repair any hazards that may cause injury to children. Each program must maintain or have access to, an outdoor play area that is free from hazards including not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards

or small objects that could present a choking hazard to younger children. Any such hazards must be removed or fenced by a sturdy, permanently installed barrier which is at least 4 feet high or otherwise protected or removed, as appropriate. For programs that offer swimming, boating or other water activities, program staff must ensure that the area is safe and children are directly supervised at all times during activities involving water, including tubs, pools, showers or standing water. All electrical outlets within the reach of children younger than school age must be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed and Funded Center-Based programs must provide a certificate of inspection from the Department of Public Safety or the local building inspector certifying that the facility complies with the applicable 780 CMR: The State Building Code and must submit evidence of compliance with applicable fire codes. In addition, all providers serving children younger than three years old are required to have approved barriers at the top and bottom of stairwells opening into areas used by children.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

606 CMR 7.07 (1), (7)(d), (9) and (10)(o);Compliance Requirements for Funded Center-Based Programs 8.06; and Compliance Requirements for Funded Informal Care Providers 9.06.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

606 CMR 7.07 (1), (7)(d), (9) and (10)(o); Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12. https://www.mass.gov/guides/eecsstrongstart-online-professional-development-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject

matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All child care providers and educators in Massachusetts are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families. For all licensed and Funded programs, the following practices are strictly prohibited in all licensed and CCDF Funded early education and care programs: spanking or other corporal punishment of children; subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaken baby syndrome, abusive head trauma, child maltreatment, threats or derogatory remarks; depriving children of outdoor time, meals or snacks, force feeding children or otherwise making them eat against their will; disciplining a child for soiling, wetting or not using the toilet; confining a child to a swing, high chair, crib, playpen or other piece of equipment for an extended period of time in lieu of supervision, and excessive time-out. Time-out may not exceed one minute for each year of the child's age and must take place within an educator's view.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

n/a

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

606 CMR 7.05 (8); Compliance Requirements for Funded Center-Based Programs 8.07(3); and Compliance Requirements for Funded Informal Care Providers 9.07(2).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

606 CMR 7.05(8); Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12 . https://www.mass.gov/guides/eecs-strongstart-online-professionaldevelopment-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten

hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Each licensed and CCDF Funded program must have a written plan detailing procedures for meeting potential emergencies, including, but not limited to relocation, lockdown, training and practice drills, continuity of operations, the evacuation of children from the program in the event of a fire, natural disaster, loss of power, heat or hot water or other emergency situation. The plan must include a method to obtain information from local authorities to determine whether to evacuate or shelter in place in the event of a natural disaster, escape routes from each floor level approved for child care, a designated meeting place outside and away from the child care program, a method of contacting the appropriate authorities after the program has been evacuated, a method of communicating with parents in the event of an emergency evacuation; and a means to assure that no child is left in the program after evacuation. The plan must meet the needs of all children in care, including infants, toddlers, and any children (including but not limited to those with disabilities) who may need additional assistance during an evacuation. In addition, all programs are required to have an operable telephone available at all times, whether on or off the child care premises.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In a family child care program, the plan for potential emergencies must include the name and telephone number of a potential emergency caregiver who will be available to arrive at the child care home within 10 minutes of being summoned to provide temporary child care in case of an emergency.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

606 CMR 7.11(7); Compliance Requirements for Funded Center-Based Programs 8.04; and Compliance Requirements for Funded Informal Care Providers 9.04

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

606 CMR 7.11(7); Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12; https://www.mass.gov/guides/eecs-strongstart-online-professionaldevelopment-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows:

1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All licensed and CCDF Funded Programs must ensure that all hazardous objects, including but not limited to matches, lighters, toxic materials, sharp objects, plastic bags and purses are locked or inaccessible to children. Toxic substances must be stored separately from food and medications and must be labeled as to the contents and antidote. Additionally, EEC licensing regulations and Compliance Requirements for Funded Programs address standard precautions, which include Infection control guidelines (per the Center for Disease Control) designed to protect individuals from exposure to diseases spread by blood and certain body fluids. Health precautions include, but are not limited to, the use of personal protective equipment, proper disposal containers for contaminated waste, hand washing and proper handling of bodily waste.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

n/a

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

606 CMR 7.07(13)(g) and 606 CMR 7.02; Compliance Requirements for Funded Center-Based Programs 8.01(4)(c) and 8.06(2)(b); and Compliance Requirements for Funded Informal Care Providers 9.01(3) and 9.06(4).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

606 CMR 7.07(13)(g); Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12 . https://www.mass.gov/guides/eecs-strongstart-onlineprofessional-development-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☑ Yes

☐ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All licensed and CCDF Funded programs that transport children must have a written plan for the safety and supervision of all children during transport. The plan must describe how children are transported to and from the program, in an emergency and on a field trip. Whenever the program provides or contracts for transportation for children, the program must establish policies and procedures that are intended to keep children safe during transport. Additionally, the program must ensure that any vehicle used for transportation is registered and inspected in accordance with the law of the state, at least one person on each vehicle is currently certified in first aid and CPR and that there is a plan for attendance before and after each trip and a complete vehicle inspection after every trip to ensure that children are not left alone in a vehicle at any time.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

n/a

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

606 CMR 7.13; Compliance Requirements for Funded Center-Based Programs 8.08; and Compliance Requirements for Funded Informal Care Providers 9.09.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

606 CMR 7.13; Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12 .

https://www.mass.gov/guides/eecs-strongstart-online-professionaldevelopment-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject

matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A ll educators, including licensees, certified assistants, and any educator in a licensed or CCDF Funded Program who may be alone with children must maintain current certification of training in basic first aid and age-appropriate CPR, in accordance with EEC policy. The licensee must ensure that at least one educator currently certified in first aid and age appropriate CPR is on the premises at any and all times when children are present. However, all educators must comple EECEssentials health and safety trainings, which includes pediatric first aid and CPR. This training does not result in a certification for CPR or First Aid.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

EEC does not monitor educator/provider qualifications and credentials for CCDF license-exempt child care programs and instead monitoring focuses on pre-service health and safety trainings. All program staff in funded center-based programs must complete the full suite of EEC Essentials health and safety trainings, which includes pediatric first aid and CPR. In Funded Programs that only run before and after school care and do not care for infants, program staff are not required to complete the Infant Safe Sleep and Shaken Baby Syndrome training modules in the suite. For all funded center-based programs, while all staff must complete CPR and First Aid trainings, programs must ensure that at least one at least one staff member currently trained

and certified in age-appropriate CPR and first aid must be on the premises at all times when children are present. For all funded center-based programs, while all staff must complete medication administration trainings, the Program must ensure that at least one adult with training in medication administration is present at any and all times when children are in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
606 CMR 7.09(15) and 7.11 (1);Compliance Requirements for Funded Center-Based Programs 8.04(1)(a); and Compliance Requirements for Funded Informal Care Providers 9.12(1)(a). https://www.mass.gov/doc/cpr-and-first-aid-requirements-policy-for-fundedprograms/download

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
606 CMR 7.09(15) and 7.11 (1); Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12. https://www.mass.gov/guides/eecs-strongstart-onlineprofessional-development-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject matters required by EEC.

Additionally, all licensees, certified assistants, and any educator who may be alone with children in a family child care setting must maintain current certification of training in basic first aid and pediatric CPR in accordance with EEC policy. For Small and Large Group and School Age Child Care, all educators must obtain within six months of employment, and must maintain thereafter current certification of training in basic first aid appropriate to the population served. Further, Small and Large Group and School Age Child Care licensees must ensure that all educators that have unsupervised access to children are certified in first aid and pediatric cardiopulmonary

resuscitation (CPR). CPR must be renewed every 2 years and First Aid every 3 years. This same policy also applies to funded programs.

Citations: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download; https://www.mass.gov/doc/cpr-and-first-aid-requirements-policy-for-funded-programs/download; https://eeclead.force.com/resource/1602125346000/CPR_FirstAid_Policy

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All staff in licensed and CCDF Funded programs are mandated reporters and must, by law, report suspected child abuse or neglect to the Massachusetts Department of Children and Families Pursuant to EEC policy, licensees must have written plans for staff to file reports of abuse or neglect, In particular, these policies must comply with the requirements regarding the responsibilities of mandated reporters. The definition of mandated reporter includes administrators of licensed agencies as well as any person paid by such agencies to work with children in placement, i.e. teachers, residential care staff, vocational staff, recreational staff, medical staff, case managers, clinical staff and foster parents. All such persons must be trained by the licensee regarding their responsibility to report allegations of abuse or neglect and the method for filing these reports.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

n/a

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

6 06 CMR 7.11(4); Compliance Requirements for Funded Center-Based Programs 8.07(4); and Compliance Requirements for Funded Informal Care Providers 9.07(3).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

606 CMR 7.11(4)9; Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12. https://www.mass.gov/guides/eecs-strongstart-online-professionaldevelopment-system

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Educators in family child care working more than 25 hours per year but less than ten hours per week must complete at least five hours of professional development activities per year. Educators in family child care working more than ten hours per week must complete at least ten hours of professional development per year. At least one third of the required professional development must address diverse learners. Educators in small group and school age child care must complete ten hours of professional development activities per year. At least 25% of the required professional development must address diverse learners.Educators in large group and school age child care programs must participate in professional development activities as follows: 1. Educators working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. 4. At least one third of the required professional development must address diverse learners. Citation: 606 CMR 7.09. Training must address all topics or subject matters required by EEC.

Additionally, all Educators must be training and certified in CPR every 2 years and First Aid every 3 years. See Poilicy: https://www.mass.gov/doc/first-aid-and-cpr-approval-0/download

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

In the Child Development course, educators will learn key things about the growth and development of children at various ages. This will support educators in their day-to-day care, development, and screening of the children. Specifically, they will learn about the "Ages and Stages" of Infants and Toddlers, Preschool, and School Age children up to the age of 12, as well as how that knowledge helps in your assessment of young children to ensure their development is on track.

Major Topic areas include:

1.Cultural factors can influence the growth and development of young children. Children growing up in different cultures receive different inputs from their environment. For instance, languages form how people think and reason. The content and focus of what people talk about in their conversations also vary across cultures. Parents in different cultures also have different parenting interaction styles, which can play an important role in molding children's behavior and thinking patterns.

2.Inclusion of all children, regardless of background, need, or ability…It's the right of every child to have access to a quality early education and care experience.

3.The importance of the Infant/Toddler development as part of the birth-Age 8 continuum. Children are born ready to learn, and have many skills to learn over many years. The first two years are a period of rapid development. Infants and toddlers depend on parents, and other caregivers as their first teachers to develop the right skills to help them grow and thrive.

4.Social-emotional development and emotional self-regulation (which has an impact on the development of all other domains and skills).

Let's look at the 4 domains of child growth and development.
1. Social Emotional Development refers to a child's ability to experience, regulate, and express positive and negative emotions (in socially and culturally appropriate ways) and to form positive relationships.
2. Language and Communication is essential for individuals to function in the world. Language skills help children share ideas and feelings, and respond to others. Communication occurs when information is exchanged through a common system of symbols, signs, words, and gestures. Children learn both receptive, (listening), and expressive language, (talking).
3. Cognitive Development refers the process of learning to think and reason. Young children are learning not only knowledge, skills, and concepts, but also acquiring "learning to learn" skills.
4. Movement/Physical Development involves large motor skills (like sitting up, standing, crawling, walking, and climbing), as well as fine motor skills (like holding small items by hand, making marks with crayons, scribbling, drawing and writing, and doing puzzles).
Compliance Requirements for Funded Center-Based Programs 8.12; and Compliance Requirements for Funded Informal Care Providers 9.12.
https://www.mass.gov/guides/eecs-strongstart-online-professional-developmentsystem

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☑ No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Due to the COVID-19 emergency, EEC is not requirring ongoing training for its EEC Essential Health and Safety trainings.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

Educators working in licensed center-based early education and care programs working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; and all educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities annually. At least one-third of the professional development hours must address the needs of diverse learners. As part of these training hours, all licensees, assistants, and any educator who may be alone with children must maintain current certification of training in basic first aid and CPR that is appropriate for all of the children in their care

-

Additionally,All program staff must complete the full suite of EEC Essentials health and safety trainings, which includes pediatric first aid and CPR.

b. License-exempt child care centers:

n/a

c. Licensed family child care homes:

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

year. Educators in family child care working more than 10 hours per week must complete at least 10 hours of professional development activities annually. At least one-third of the professional development hours must address diverse learners. As part of these trainings, family child care providers must complete and maintain current certification in basic first aid and CPR that is age appropriate for all of the children in care. During the COVID-19 pandemic, EEC has relaxed its 10 hours training requirement.

Additionally,All program staff must complete the full suite of EEC Essentials health and safety trainings, which includes pediatric first aid and CPR.

d. License-exempt family child care homes:
n/a

e.Regulated or registered In-home child care:
n/a

f. Non-regulated or registered in-home child care:
n/a

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

☑ a. Nutrition:

Describe:

All educators in licensed and Funded child care programs must receive basic training in the following in USDA recognized nutrition requirements for the healthy growth and development of children; and in food choking hazards. In programs serving infants and toddlers, a current feeding schedule must be maintained, and infants must be held while fed a bottle. In programs serving preschool and school age children, the licensee must provide regular, nutritious snacks for children in care for less than four hours. The licensee must schedule meals, in addition to snacks, for children in care four hours or longer. In small and large group and school age programs, the licensee must

designate one person to be responsible for the food program

☑ b. Access to physical activity:

Describe:

Licensed and CCDF Funded programs must have evidence of a plan describing daily indoor and outdoor time periods, weather permitting, which include both small and large muscle activities, with at least 60 minutes of physical activity in full day programs

☑ c. Caring for children with special needs:

Describe:

Licensed and CCDF Funded programs must accept applications and make reasonable accommodations to welcome or continue to serve any child with a disability or special needs. The licensee in a licensed center-based program must identify at least one educator to serve as the liaison for each child with a disability and coordinate care within the program and with service providers and communicating with the child's parents, service providers and educators

☐ d. Any other areas determined necessary to promote child development or to protect childrenâs health and safety (98.44(b)(1)(iii)).

Describe:

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

EEC uses differential licensing to ensure that all licensed and approved early childhood education programs meet all applicable State and local health and safety requirements through annual, unannounced inspections. EEC has hired four (4) Funded Program monitors that began monitoring all CCDF Funded Programs on an annual basis beginning October 1, 2019 to ensure compliance with applicable health and safety Compliance Requirements.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

A ll licensees are required to obtain and maintain evidence that personnel have completed all applicable pre-service health and safety trainings and are currently certified, licensed or registered where applicable laws and regulations require certification, licensure or registration, including but not limited to, driver's licenses and EEC registration. CCDF Funded Programs are required to obtain and maintain evidence that program staff have completed all required pre-service health and safety trainings and that all required certifications are current and valid.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

EEC uses differential licensing to ensure that all licensed and approved early childhood education programs meet all applicable State and local health, safety, and fire standards through annual, unannounced inspections. EEC currently has four (4) Funded Program monitors located in regional offices across the state that began monitoring all CCDF Funded Programs on an annual basis beginning October 1, 2019 to ensure compliance with applicable health and safety Compliance Requirements.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no

fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

As part of the differential licensing cycle, all applicants for center-based child care licensure receive a pre-licensing visit. This is the first licensing visit for new applicants and is designed to support applicants with understanding and operationalizing all requirements, including health, safety, and fire standards, record keeping, local and state inspections and general licensing procedures. The Pre-Licensing Visit is announced and involves a comprehensive review of regulations. Due to the ongoing COVID-19 pandemi, EEC is conducting announded in-person visits.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Annually, EEC licensors will conduct an unannounced visit and inspection of all licensed and approved child care center providers to determine whether such program is being operated in compliance with the law and any EEC regulations governing such programs. Due to the COVID-19 emergency, EEC suspended in-person monitoring of regulatory compliance and moved towards a virtual monitoring and support system to aide programs in compliance with minimum requirements. Due to the ongoing COVID-19 pandemi, EEC is conducting announded in-person visits.

iii. Identify the frequency of unannounced inspections:

☑ A. Once a year

☐ B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The Differential Licensing Lifecycle for licensed center-based programs consists of two consecutive annual monitoring visits followed by an enhanced monitoring visit in the third year of the licensing cycle, once the program has a full two-year license. The enhanced monitoring visit is followed by two more annual monitoring visits and then the cycle ends in year 6 with a full licensing review. The Monitoring Visit is unannounced and involves a review of EEC's regulations, depending on the program's licensing history and compliance status. The key indicators in the monitoring tool consist of care of children, health, review of the physical space (both indoor and outdoor), including demonstrating compliance with fire standards, administration, and transportation. Renewal of a center-based child care provider's license occurs every two years. A Renewal Monitoring Visit may be conducted up to four months prior to a license expiration. The Renewal Monitoring Visit is unannounced, and it includes a more thorough review of health and safety regulations which represent groupings of regulations that when in non-compliance pose the highest probability or severity of harm or death to a child, the provider's non-compliances cited in the last visit or corrective actions described in the corrective action plan from previous visit, if any, and regulations pertaining to Human Resources (HR), personnel records, and required documentation. A full review of the regulations will occur at least once every six years, even for providers in good standing who are eligible for more focused visits

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

102 CMR 1.06, EEC maintains a Differential Licensing Handbook (Group and School Age Child Care Providers) that EEC Licensors are required to follow throughout the Differential Licensing process, which requires annual unannounced visits to licensed child care programs. Annual unannounced visits are automatically coordinated and scheduled for licensors through EEC's Licensing and Education Analytic Database ("LEAD"), pursuant to the Differential Licensing model and as set forth in the

Handbook. The Handbook is not published online but is available upon request.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

As part of the differential licensing cycle, all applicants for family child care licensure receive a pre-licensing visit. This is the first licensing visit for new applicants and is designed to support applicants with understanding and operationalizing all requirements, including health, safety, and fire standards, record keeping, local and state inspections and general licensing procedures. The Pre-Licensing Visit is announced and involves a comprehensive review of regulations. Due to the ongoing COVID-19 pandemi, EEC is conducting announded in-person visits.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

Annually, EEC licensors will conduct an unannounced visit and inspection of all

licensed and approved family child care providers at reasonable times to determine whether such program is being operated in compliance with the law and any EEC regulations governing such programs. Due to the ongoing COVID-19 pandemi, EEC is conducting announded in-person visits.

iii. Identify the frequency of unannounced inspections:

- [x] A. Once a year
- [ ] B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The Differential Licensing Cycle for family child care providers is a 6-year cycle. For a new Family Child Care educator, Differential Licensing begins with the completion of EEC required trainings, the submission of license application materials and a Pre-Licensing Visit, after which the first license issuance occurs. This is followed by two consecutive annual Progress Visits, and a Full Licensing Review Visit at the third year. The Progress Visits will be conducted with what is called the Progress Tool to assess and measure the progress the educator is making. The tool addresses key indicators such as physical space, both indoor and outdoor, routine and activities, interactions with children, and the administration of the program. In the third year after license issuance, when the license is due for renewal, EEC Licensors will conduct a Renewal Monitoring Visit. A Renewal Monitoring Visit may be conducted up to four months prior to a license expiration. The Renewal Monitoring Visit is unannounced, involves a more thorough review of the health and safety regulations which includes a review of the key indicators, a review of the administration section of the full licensing review tool, and a review of non-compliance issues or corrective actions described in corrective action plans from prior monitoring visits or previous visits.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

102 CMR 1.06, EEC maintains a Differential Licensing Handbook (Family Child Care Providers) that EEC Licensors are required to follow throughout the Differential

Licensing process, which requires annual unannounced visits to licensed child care programs. Annual unannounced visits are automatically coordinated and scheduled for licensors through EEC's Licensing and Education Analytic Database ("LEAD"), pursuant to the Differential Licensing model and as set forth in the Handbook. The Handbook is not published online but is available upon request. https://www.mass.gov/doc/eec-inspections-and-visits-policy/download

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the childâs own home)?

- [x] No (Skip to 5.4.3 (a)).
- [ ] Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

☐ 1. Once a year

☐ 2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

EEC licensors are responsible for conducting pre=licensure inspections and unannounced inspections of licensed CCDF providers. Each regional office has a cadre of licensors

assigned to monitor either a family child care home or center-based program caseload.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

All license-exempt center-based programs receiving CCDF funding to care for children eligible for and receiving subsidy, such as public school programs and private educational institutions, receive at least one annual visit, and more if needed, to ensure compliance with all EEC Compliance Requirements. All initial visits to a funded program will be announced. Subsequent visits to center-based funded programs are unannounced. During the COVID-19 pandemic, EEC waived in person visits and conducted virtual visits. EEC will resume in-person visits during the summer 2021

i. Provide the citation(s) for this policy or procedure

https://www.mass.gov/doc/eec-inspections-and-visits-policy/download

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

n/a

i. Provide the citation(s) for this policy or procedure

n/a

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

All non-relative caregivers caring for a child in the child's own home will receive at least one annual visit, and more if needed, to ensure compliance with all EEC Compliance Requirements. All initial and subsequent visits to non-relatives in the child's own home are announced. EEC will obtain advanced written parental permission for such visits to take place and such permission must be renewed annually. During the COVID-19 pandemic, EEC waived in person visits and conducted virtual visits. EEC will resume in-person visits during the summer 2021

b. Provide the citation(s) for this policy or procedure.

https://www.mass.gov/doc/eec-inspections-and-visits-policy/download

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

EEC Funded Program Monitors are responsible for conducting inspections of license-exempt CCDF providers across the state.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the stateâs licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

Licensors employed by EEC are trained in the Commonwealth's regulations and policies, spend time observing other licensors before assuming an active caseload, and are supervised continuously to ensure that they are qualified.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

All licensors and Funded Program Monitors complete the EEC Essentials health and safety trainings as part of their onboarding and pre-service training requirements. Licensors are trained on EEC regulations while on the job and supervised by other qualified licensors. Funded Program Monitors are observed at least once by their supervisors while conducting a monitoring visit.

c. Provide the citation(s) for this policy or procedure.

The document is an internal job description and no external link is available. Here is the summary of qualifications:

12. QUALIFICATIONS REQUIRED AT HIRE (knowledges, skills and abilities) 1. Considerable knowledge of the principles, practices, methods, trends, standards, prototypes and organization of group and school age programs. 2. Ability to

communicate technical information effectively in writing and oral expression. 3. Ability to communicate facts of a case in order to take appropriate action. 4. Ability to gather and analyze information through observation and interviewing and by examining records and documents. 5. Ability to make decisions (including decisions about health and safety of children) in stressful situations. 6. Ability to deal constructively with conflicts and confrontations. 7. Ability to deal tactfully and maintain harmonious working relationships with licensees, local inspectors and co-workers. 8. Ability to prepare detailed written reports which represent facts accurately and objectively. 9. Knowledge of the principles, practices and techniques of regulation and investigation procedures and interviewing techniques. 10. Knowledge and understanding of current educational standards, trends, research and best practices as they apply to child growth and Development. 11. Ability to handle stressful, emergency or crisis situations 12. Ability to maintain accurate records. 13. Ability to communicate technical information clearly and concisely. 14. Ability to be organized, self-motivated, self-directed and to work independently toward the accomplishment of short-term objectives and long-range goals. 15. Ability to use computer software.

13. QUALIFICATIONS ACQUIRED ON THE JOB (knowledges, skills and abilities) · Knowledge of the laws, rules, regulations, policies, procedures, specifications, standards and guidelines governing assigned unit activities. · Knowledge of the principles, methods, trends, standards and organization of child care services for children. · Knowledge of community resources for children and families. · Knowledge of the types and uses of agency forms. · Knowledge of proper telephone procedures for making and receiving agency calls

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child

care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

EEC's current ratio of licensors is the following: Family Child Care: Average: 141:1, Highest Region: 167:1, Lowest Region: 114:1; Group - Average 83:1, Highest Region: 97:1, Lowest Region: 70:1.Differential licensing helps EEC meet the annual program visit mandate by creating tools that allow staff to spend less time at each monitoring visit while assuring the health and safety of children, based on an assessment of a program's level of compliance with state regulations. The goal of differential licensing is to target resources based on a provider's compliance history and level of risk.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

EEC's current ratio of licensors is the following: Family Child Care: Average: 141:1, Highest Region: 167:1, Lowest Region: 114:1; Group - Average 83:1, Highest Region: 97:1, Lowest Region: 70:1.Differential licensing helps EEC meet the annual program visit mandate by creating tools that allow staff to spend less time at each monitoring visit while assuring the health and safety of children, based on an assessment of a program's level of compliance with state regulations. The goal of differential licensing is to target resources based on a provider's compliance history and level of risk.

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https://www.mass.gov/doc/eec-inspections-and-visits-policy/download

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided

(98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

606 CMR 14.05(1)(2)(3)

☑ All other providers eligible to deliver CCDF Services

Citation:

606 CMR 14.05(6)

ii. Sex offender registry or repository check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

606 CMR 14.05(1)(2)(3)

☑ All other providers eligible to deliver CCDF Services

Citation:

606 CMR 14.05(6)

iii. Child abuse and neglect registry and database check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

606 CMR 14.05(1)(2)(3)

☑ All other providers eligible to deliver CCDF Services

Citation:

606 CMR 14.05(6)

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for
all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services
(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

☑ Licensed, regulated, or registered child care providers

Citation:

606 CMR 14.05(1)(2)(3)

☑ All other providers eligible to deliver CCDF Services

Citation:

606 CMR 14.05(6)

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

☑ Licensed, regulated, or registered child care providers

Citation:

606 CMR 14.05(1)(2)(3)

☑ All other providers eligible to deliver CCDF Services

Citation:

606 CMR 14.05(6)

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for
all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services
(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

☑ Licensed, regulated, or registered child care providers

Citation:

606 14.05(1)(2)(3)

☑ All other providers eligible to deliver CCDF Services

Citation:

606 CMR 14.05(6) .

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

☑ Licensed, regulated, or registered child care providers

Citation:

606 14.05(1)(2)(3)

☑ All other providers eligible to deliver CCDF Services

Citation:

606 14.05(6)

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

☑ Licensed, regulated, or registered child care providers

Citation:

606 14.05(1)(2)(3)

☑ All other providers eligible to deliver CCDF Services

Citation:

606 14.05(6)

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted

prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

EEC implemented a online platform for providers to register individuals who need a completed Background check. The individual will then be sent a letter providing them with their individual User ID and how to register with EEC's vendor (IDEMIA) to provide their fingerprints. The individual will then register and schedule with IDEMIA (typically through their portal) and submit payment for the fingerprinting. Upon the individual submitting their fingerprint through the vendor a CORI, SORI and child welfare check will occur automatically.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The current fee for fingerprinting is $35.00

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agencyâs policy:

606 CMR 14.13(2) allows EEC to approve an individual, after they have submitted their fingerprint, Massachusetts CORI, Child welfare check and a SORI is completed, to

provisionally work in a program provided they are visually supervised at all times. This provisional approval is not automatic and if there is any finding EEC reserves the right to not provisionally approve the person. The person may not be permanently hired in a program until the fingerprint results are received and reviewed by EEC.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

A provider would log into EEC's platform and enter the information required on the individual, i.e. name, date of birth, both current and previous address and social security number.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

EEC requires that all staff members undergo a background check, CORI, SORI, child welfare and fingerprint check every 3 years. EEC maintains a registry of each providers' employees/volunteers who previously underwent a background check. This registry lists the date by which an individual needs to submit to a new background check. EEC licensors ensure that every individual registers for the updated check and work with the programs to ensure that timely background checks occur

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

When an individual ceases to work for a program the program is required to end their affiliation with that individual. Should the individual desire to resume work for that program or another program the individual would need to resubmit a request for approval or for a transfer of their suitability. At that time the individual needs to answer a question regarding their employment status and acknowledge whether they were not employed for more than 180 days. If the individual acknowledges that they were not employed during the preceding 180 days the department's system automatically requires updated fingerprinting and background check.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

https://www.mass.gov/eec-background-record-checks

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

EEC's goal is to complete each background check as timely as possible. To that end, EEC developed a system whereby upon the individual submitting fingerprints through IDEMIA a CORI, SORI and child welfare check automatically occur. The CORI information is provided through the Commonwealth's Department of Criminal Justice

Systems Information while the sex offender information is provided through Sex Offender Registry Information. The child welfare check is provided by the Department of Children and Families. All three of these queries are done through an automated system. Provided that there are no findings on these three inquiries as well as the fingerprinting, the system automatically sends out an approved suitability determination. Should any system report a finding, an EEC Background Check screener will review and categorize the finding. The candidate's background check is then reviewed by a Background Check Reviewer who will communicate to the individual that there is a finding and their need to provide documentation to the Reviewer or to dispute the finding. The individual may then dispute the finding to the agency that provided the finding or discuss and provide documentation to the Reviewer. The Reviewer then makes a suitability determination and submits this determination to a supervisor for approval and, if needed per EEC policy, to the Legal Department for review. Currently EEC is reviewing its systems including an assessment regarding timeliness.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

Fingerprint results are transmitted to EEC and are reviewed in similar fashion in SSSSSS. The Department does not review NCIC and NSOR and currently is under a waiver to not conduct these searched until 9/30/2021. EEC is in the process of posting positions to hire additional individuals who will be responsible for contacting any state that an individual lived in the past 5 years to obtain their criminal record information.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

EEC currently is under a waiver for this requirement while it works with OCC/ACF as there a number of challenges to obtain this information. EEC has obtained the information as to what agency in each state can provide this information; however, EEC continues to look for further guidance and participated recently at the Interagency Task Force on Child Safety and submitted testimony regarding EECs efforts to comply with this requirement and the challenges EEC faces. While EEC continues to encourage further review of this requirement, EEC will be hiring additional staff who will contact the necessary states to obtain criminal record information for EEC's review.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

EEC is currently in the process of revamping how it conducts Background checks, including the timeliness of such checks. EEC strives to comply with this requirement and is typically able to do so, except when the check shows a finding. EEC then will work with the individual to provide necessary guidance and support in obtaining documentation. At times EEC will contact the agency , typically the child welfare agency, for review of a finding where the individual disputes such finding. EEC will not make a final determination unless the CORI, SORI, child welfare and Fingerprinting check are complete. Should EEC not obtain out of state child welfare checks in a timely fashion EEC will make a determination without the information and should information come back with a finding EEC will review

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

EEC continues to struggle with this requirement of the law. Each state can provide this information; however, EEC continues to look for further guidance and participated recently at the Interagency Task Force on Child Safety and submitted testimony regarding EECs efforts to comply with this requirement and the challenges EEC faces.EEC does not conduct these checks. EEC is in the process of posting positions to hire additional staff within its Background Record Check unit who will be contacting these states for criminal record, sex offender and child welfare information regarding the candidate.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: https://www.fbi.gov/services/cjis/compact-

council. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory a Compact State?

- [x] No
- [ ] Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory an NFF State?

- [x] No
- [ ] Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

EEC is not the agency responsible to provide this information to other states. This information is obtained through the Department of Criminal Justice Information System. EEC does not have any involvement if another state requests such information. If a request is made to the Department of Criminal Justice and appropriate releases are submitted the Department will provide a copy of the individuals criminal justice record.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Sex Offender Registry Board is the agency that responds to these requestsand EEC does not play a role in obtaining this information.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

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Child abuse and neglect history is available through the Department of Children and Families, which maintains a computerized database of all individuals supported for childabuse and neglect. EEC would assist any state in directing them to the appropriate agency for a background check if contacted; however, EEC does not have any direct involvement with another state's request. Should the Department of Children and Families (DCF) receive such request, with a signed release, they would search their database and send back to the requestor information regarding whether there are any substantiated/supported investigations of abuse and/or neglect. If the individual identified in the substantiated/support decision was the parent/guardian of the child DCF would supply such investigations, with redactions as required under state and federal law. If the individual was not the parent/guardian the Department would not send such document unless the Commissioner of DCF approved such see M.G.L. ch. 119, sec. 51E).

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- [x] i. Agency Name
- [x] ii. Address
- [x] iii. Phone Number
- [x] iv. Email

- ☑ v. FAX
- ☑ vi. Website
- ☑ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ☑ viii. Forms
- ☑ ix. Fees
- ☑ x. Is the state a National Fingerprint File (NFF) state?
- ☑ xi. Is the state a National Crime Prevention and Privacy Compact State?
- ☑ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

This information will be provided on EEC's web site prior to 10/1/2021.

b. Interstate Sex Offender Registry (SOR) Check:

- ☑ i. Agency Name
- ☑ ii. Address
- ☑ iii. Phone Number
- ☑ iv. Email
- ☑ v. FAX
- ☑ vi. Website
- ☑ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ☑ viii Forms
- ☑ ix. Fees
- ☑ Direct URL/website link to where this information is posted.

Enter direct URL/website link:

This information will be provided on EEC's web site prior to 10/1/2021.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- [x] i. Agency Name
- [x] ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- [x] iii. Address
- [x] iv. Phone Number
- [x] v. Email
- [x] vi. FAX
- [x] vii. Website
- [x] viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- [x] ix. Forms
- [x] x. Fees
- [x] xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- [x] xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

This information will be provided on EEC's web site prior to 10/1/2021.

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have

been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- [ ] No
- [x] Yes.

If yes, describe other disqualifying crimes and provide the citation:

EEC has additional discretionary Disqualifications where a candidate with an adult or juvenile offense, regardless of its disposition, including pending and resolved charges for any crime, or a pending or supported finding for any child welfare offense can be disqualified as a child care candidate, unless the candidate is granted approval after complying with the EEC review process. Tables of disqualifying crimes can be found here: https://www.mass.gov/lists/background-record-check-brc-policies

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

EEC notifies the individual that they are suitable by sending them an email to the email provided by the individual. Should the person have a finding, EEC sends the person a letter informing them that there is a finding that disqualifies them from working in a child care program. The letter describes how they may submit additional documents for review

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

EEC allows for a review if requested and documentation is provided by the individual. This review is conducted by specific background record check reviewers. Once they make a recommendation the supervisor will review and certain crimes require a legal review.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

If the individual wants to appeal the criminal justice findings they need to file such appeal with the Department of Criminal Justice Information Systems. Depending on the reason for the appeal the individual may need to provide documentation to such agency. Should the person disagree with being on the Sex Offender Registry they will need to appeal to the Sex Offender Registry Board. Depending on the reason for the appeal the individual will need to provide documentation to the Board. If the person is appealing the level they will need to comply with the Board's regulations.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

If the individual wants to appeal the accuracy or completeness of the information contained in the background check findings of an out of state check, they would need to seek appeal with the state of residence where the information is from.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

Appeals are made to the Department of Children and Families. Depending on the circumstances the person may be required to provide documentation. If the person is appealing the finding the individual will need to comply with the Department's regulations for a Fair Hearing.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

☐ a. Relative providers are exempt from all licensing requirements.

☑ b. Relative providers are exempt from a portion of licensing requirements.

Describe:

EEC has exempted relative caregivers who receive CCDF funding. Subsidized child care may be provided by a relative of the child in a private residence if the caregiver is at least 18 years old. The caregiver may not be the child's parent, stepparent, foster parent or guardian. Relative caregivers include siblings, aunts, uncles, and grandparents, all of whom must submit evidence of their age and relationship to the child receiving care and of their age. If the relative caregiver is caring for children in his or her own home, the total number of his or her own children under the age of 13 and any other children under the age of 13 present in the home while she is providing care may not exceed six

☐ c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- [x] a. Relative providers are exempt from all health and safety standard requirements
- [ ] b. Relative providers are exempt from a portion of health and safety standard requirements.

  Describe:

- [ ] c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- [ ] a. Relative providers are exempt from all health and safety training requirements.
- [x] b. Relative providers are exempt from a portion of all health and safety training requirements.

  Describe:

  Relatives are required to attend an orientation training prior to receiving CCDF funding to ensure that they are aware of basic health and safety requirements as they relate to children in their care.

- [ ] c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- [x] a. Relative providers are exempt from all monitoring and enforcement requirements.
- [ ] b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

  Describe:

- [ ] c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- [ ] a. Relative providers are exempt from all background check requirements.
- [x] b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - [ ] i. Criminal registry or repository using fingerprints in the current state of residency
  - [x] ii. Sex offender registry or repository in the current state of residency
  - [ ] iii. Child abuse and neglect registry and database check in the current state of residency
  - [ ] iv. FBI fingerprint check
  - [ ] v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - [ ] vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - [ ] vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - [ ] viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- [ ] c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the

support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

EEC takes a comprehensive view of the critical importance of developmentally appropriate experiences to children from birth. To that end, there are multiple standards

and competencies designed for educators and program administrators in planning and evaluating curricula. They include the following:

a. Massachusetts Early Learning Guidelines for Infants and Toddlers

b. Guidelines for Preschool Learning Experiences

c. The Massachusetts Curriculum Frameworks for Pre-Kindergarten to 12

d. Kindergarten Learning Experiences

e. Pre-School and Kindergarten Standards in the Domains of Social-Emotional Development and Approaches to Play and Learning

f. Pre-K Science, Technology and Engineering Standards

g. Early English Language Development Standards (E-ELD).

ii. Career pathways. Describe:

A basic career ladder has been developed and endorsed by the Commonwealth's Board of Early Education and Care which is currently used by center-based educators. Massachusetts is in the process of designing a robust career pathway that will include educators in all program types (Center-based, Family Child Care and After School and Out-of-School Time). This career pathway will form the center of a new credentialing system with aligned supports. Additionally, the Legislature has designated state funds towards Career Pathways supports. These funds are provided to state community colleges to fund courses, cohorts, and supports for the early care and education and out of school time workforce. Funding has also been used to support pathway development to reduce barriers, increase stackability and articulation of credits.

iii. Advisory structure. Describe:

EEC is governed by the Board of Early Education and Care, which has eleven members appointed by the Governor and is the designated State Advisory Council. The Secretaries of the Executive Office of Health and Human Services and the Executive Office of Education are members of the Board. EEC also has an Advisory Council on early education and care. The Advisory Council members represent a reasonable geographic balance and reflect the diversity of the Commonwealth in race, ethnicity, gender and sexual orientation. All appointees have a special expertise or interest in high quality early childhood education and care and represent a mix of representatives of the early childhood community, the civic, labor, and business communities, academics, parents, teachers, social service providers, and health care providers. The Advisory

Council reviews and offers comments on any rules or regulations before promulgation by the Board and makes recommendations to the Board that it considers appropriate for changes and improvements in early education and care programs and services, including professional development.

iv. Articulation. Describe:

EEC worked with the MA Department of Higher Education (DHE) to revise the Early Childhood Education Transfer Compact. The Compact allows graduates of a state community college to begin a bachelor's degree in early education or Pre-K-12 teacher licensure as a junior at a state university. EEC has further supported this work at a local level by convening 2- and 4-year college representatives through the MA Readiness Center Network and its Career Pathways grantees in efforts to enhance articulation. Through these efforts, the Career Pathways grantees are further engaging public four-year institutions to develop 2+2 models. Articulation agreements are in place to facilitate transfer of the newly developed Post-Master's certificate into a Certificate of Advanced Graduate Study (CAGS) or Doctoral program at select Massachusetts' colleges .

v. Workforce information. Describe:

Educators working in EEC-licensed or funded programs serving children from birth through school age, regardless of setting, must create an individual educator profile in EEC's Professional Qualifications Registry (PQR) and update it annually. EEC requires educators who work in programs that are not subject to EEC licensure, including those who work in public preschools, to register if they would like to participate in trainings funded by EEC or are in programs participating in EEC's Quality Rating Improvement System (QRIS). EEC's PQR gathers important information on the size, composition, education, and experience of our current workforce. It stores information about the retention and turnover of educators working in early education and out-of-school time programs. This information that is collected from the PQR will help EEC respond to the needs of all early educators and programs in Massachusetts. EEC intends to build a new registry and credentialing IT product to correspond with the launch of a new credentialing system. Participation in the registry will be required for credentialling and program staff rosters will link by role to individuals in the registry

vi. Financing. Describe:

The Early Childhood Educators (ECE) Scholarship Program was established in 2005 to support early educator and out of school time staff in professional preparation and degree completion. The ECE Scholarship program provides financial assistance to early education and care out-of-school time providers working in EEC-licensed or licensed-exempt programs who are also pursuing a certificate, associate's or bachelor's degrees in early childhood education or a related field at an approved Massachusetts college or university. Funding is available for up to 11 college credits, with maximum semester awards of $5,500. The ECE Scholarship is available annually and is a joint initiative with EEC and the MA Department of Higher Education Office of Student Financial Assistance (OSFA).

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☑ i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

EEC requires that most of the professional development supported by EEC through initiatives, such as the StrongStart Technical Assistance (SSTTA) Grant, must award CEUs or college credit to ensure high quality training. In addition, CEUs may be used to substitute for some of the required coursework to meet EEC Certification for Lead Teacher or Director I or II. Therefore, EEC requires all of its grantees to adhere to these requirements. EEC will be implementing a new competency-based credentialing framework for all educators in EEC's mixed-delivery system. There will be multiple pathways that allow educators to successfully reach higher levels on the pathway through combinations of degrees, college coursework and Continuing Education Units (CEUs).

☑ ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

EEC's current educator certification system requires a series of credit-bearing or CEU coursework to qualify. EEC's upcoming new competency-based credentialing system will outline clear expectations for training and trainers, including quality expectations and

alignment of content to the competencies outlined in the system.

☑ iii. Other

Describe:

EEC training to meet licensing and regulatory requirements are offered through several systems. EEC's new competency-based credentialing system will outline expectations for trainers to catalog their offerings so educators can understand what those trainings align to in the credentialing system. EEC has established a statewide training network as part of the StrongStart Technical Assistance (SSTTA) Grant to provide state-funded professional development opportunities to the early education and out of school time workforce within each Region of the Commonwealth. The SSTTA grant serves educators working in EEC's mixed delivery system including those working in family child care homes, center-based programs, and those that are exempt from licensing. They provide services in multiple language. EEC's online Learning Management System (StrongStart LMS) provides free online courses in multiple languages, including English, Spanish, Portuguese and Chinese. The native player of the LMS (navigation, buttons, etc.) allow users to choose to navigate the system in their chosen language. The LMS is also mobile enabled, allowing participants to access courses with their smartphone or tablet.

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

Aside from its Board, which is the designated State Advisory Council, EEC has an Advisory Council on early education and care, the members of which represent a reasonable geographic balance and reflect the diversity of the commonwealth in race, ethnicity, gender and sexual orientation. All appointees have a special expertise or interest in high quality early childhood education and care and represent a mix of representatives of the early childhood community, the civic, labor, and business communities, academics, parents, teachers, social service providers, and health care providers. The Advisory Council reviews and offer comments on any rules or regulations before promulgation by the Board and makes recommendations to the Board that it considers appropriate for changes and

improvements in early education and care programs and services, including professional development. All training and professional development mandated by EEC-licensing regulations requires input and approval by the Board. Any changes in the professional development system or delivery requires input from the Advisory Council, the Board, and its ad hoc Workforce Committee. The Workforce Committee also plays a significant role in reviewing and providing guidance to EEC staff on all workforce development and quality improvement-related issues. Most recently, the Advisory Council provided feedback on the proposed structure for the competency-based credentialling system under development by EEC.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The Early Childhood Educators (ECE) Scholarship Program was established in 2005 to support increases in quality early education and out of school time settings. The ECE Scholarship program provides financial assistance to early education and care out-of-school time providers working in EEC-licensed or licensed-exempt programs who are also pursuing an associate's or bachelor's degrees in early childhood education or a related field at an approved Massachusetts college or university. The ECE Scholarship is available annually and is a joint initiative with EEC and the MA Department of Higher Education Office of Student Financial Assistance (OSFA). An important focus of EEC's Framework is in making progress towards increased compensation through rate increases, incentives for educator and program improvement and increasing the access of benefits associated with the Universal Pre-K grant. To that end, programs participating in the Quality Rating and Improvement System (QRIS) serving infants and toddlers receive a rate increase as a reward for moving to QRIS level 2 to acknowledge the additional educational requirements at that level. EEC has an ongoing relationship with the high schools that maintain vocational early education and care programs. This includes ongoing visits and technical assistance to those programs. Additionally, EEC’s Professional Qualifications Unit works with the state’s career and technical high schools and students to assist students in achieving EEC educator certification levels upon graduation. Beginning in 2015, EEC began providing earned sick time to family child care providers who receive subsidized payments from EEC for providing child care to eligible families. Each FCC provider participating in the early education and care

subsidy program is entitled to receive up to four days of earned sick time per year. Sick time may be used based on illness of the provider or a family member, or to address issues related to domestic violence. EEC is piloting an innovative strategy to support retention of educators and directors through the Early Childhood Support Organization (ECSO) Initiative, through the provision of intensive leadership development services to licensed center based programs across the Commonwealth. The ECSO services are targeted to support capacity building of onsite program directors to facilitate routines for continuous improvement and professional learning among educators.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

EEC has invested funding to support ECE programs in implementation of the Pyramid Model

Framework. Currently there are around 58 ECE programs receiving professional development and coaching to build capacity in supporting educators around social and emotional welllness. EEC also funds a statewide Early Childhood Mental Health Consultation grant to support the mixed delivery system to build capacity around social and emotional and behavioral health practices.The early learning guidelines provide foundational guidance for the training supported by the state through Professional Development Centers. The state's licensing standards that map out required health and safety guidelines provide foundational guidance for the training supported by the state through Professional Development Centers.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

EEC provides training for all educators in Massachusetts through a mixed delivery system which includes group and center based programs, out of school time programs, family child care homes, public preschool programs, private preschool programs, kindergarten, and Head Start programs. This would include those educators in tribal organizations.

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EEC also is part of an Inter-Agency Tribal Partner Work Group run by the Department of Public Health (DPH). The goal/purpose of this Inter-agency Tribal Partner Work Group is to bring together state agencies and their bureaus, offices and community programs working or seeking to work with Tribal and Native American communities in order to develop a cohesive and collaborative approach for partnering with these communities. This work group convenes quarterly and at each meeting members share agency/program updates and state resources and discuss engagement efforts with Tribal and Tribal serving organizations and to ensure alignment with the Inter-Agency Tribal Partner Work Group principles and strategic plan. The HSSCO Director and the EEC CCDF State Administrator were invited to join this work group in the fall of 2019 to represent EEC. The HSSCO Director regularly attends the Inter-Agency Tribal Partner Work Group meetings and provides EEC and Head Start/Early Head Start updates, along with Federal initiatives and State resources for Native American communities

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

EEC's StrongStart Training and Technical Assistance grant provides services to educators and program administrators in English, Spanish, Portuguese, Cantonese, and Mandarin through EEC's regional Professional Development Centers. The PDC is working to provide all statewide Network services in these five languages which are the most prevalent amongst educators working in family child care, center-based, and out of school time settings. This includes materials and resources available in all five languages as well as instruction.The PDC also attends to multiple learning styles and accommodates learners with a variety of needs. In planning for FY22 services, the PDCs are reviewing their services with an eye to equity of access for providers.

b) who have disabilities

EEC works with Early Intervention and the Department of Elementary and Secondary Education to ensure that educators have access to training and support on working with children with disabilities . EEC will provide special accomodations to assist potential providers with disabilities through the licensing process on an as needed basis.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

As part of its contracts and grants related to professional development and other workforce

initiatives, EEC requires all vendors to take into account the unique needs and diversity of the children and families for the each service delivery area awarded as part of the procurement process. Grantees are required to offer professional development opportunities and support services for educators seeking EEC certifications or ECE credentials for Infants and Toddlers, Pre-School Age Children, and/or School-Age populations. Coursework and coaching must be provided to ensure educators have the knowledge and skills to work with children from diverse languages and cultures, including Native Americans, and second language acquisition. EEC also works with Early Intervention and the Department of Elementary and Secondary Education to ensure that educators have access to training and support on working with children with disabilities.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Homeless Education State Coordinator (ESE) is a member of the Head Start State Collaboration Office (HSSCO) Advisory based at EEC and its recently formed subcommittee on Homeless children and families. The Homeless Education State Coordinator is working closely with the HSSCO Director and the Homeless Liaisons will have an expanded role this coming year with an emphasis on training and collaboration in order to identify children. The school of origin has been expanded to designate receiving schools, as well this gives more educational continuity for children and the school of origin now includes preschool. In trying to respond to the growing needs of families with young children that may be experiencing housing instability or are already homeless during this pandemic, the HSSCO Director, and the MHSA Executive Director, worked closely with the Department of Elementary and Secondary Education (ESE) McKinney-Vento State Coordinator, to help address the needs of MA homeless families with young children.

The HSSCO Director, the MHSA Executive Director and the ESE McKinney-Vento State Coordinator, developed and distributed a survey to better understand the immediate needs

of Head Start and Early Head Start families and helping Head Start and Early Head Start programs strengthen their relationships with their local LEA Homeless Liaisons to serve the growing number of families that are experiencing housing instability.

In August 2020, the HSSCO Director, the MHSA Executive Director, the DESE McKinney-Vento State Coordinator and the ESE Regional Homeless Liaisons hosted a meeting with the Head Start and Early Head Start Family Service Supervisors, Family Advocates and Program Directors to help build and strengthen relationships with local LEA homeless liaisons, learn more about accessing resources and what schools can offer and offer support to Head Start and Early Head Start programs to serve our most vulnerable families and young children.

Mapping out Homeless Liaisons to Head Start & Early Head Start Programs

In response to the Family Service survey and to create resources for the Head Start and Early Head Start programs and the ESE Homeless Liaisons, the HSSCO Director and the new HSSCO intern, worked with the DESE McKinney-Vento State Coordinator to update and map out all of the local ESE Homeless Liaisons with Head Start and Early Head Start programs. This resource was created to connect and strengthen the relationships with the Homeless liaisons and early childhood programs to assist in serving families/children that are experiencing housing instability or homelessness.

The ESE McKinney-Vento State Coordinator invited the HSSCO Director to present the work that the HSSCO was doing in partnership with the ESE McKinney-Vento State Coordinator at the McKinney-Vento Grantee December 2020 statewide meeting.The HSSCO Director and the ESE McKinney-Vento State Coordinator will continue to work together to address homelessness in MA as the HSSCO Director serves on the ESE Educational Stability Advisory and the ESE McKinney-Vento State Coordinator serves on the HSSCO Advisory committee.

EEC also supports local community collaborations between EEC-licensed programs and public school districts to address local issues of preschool access through Commonwealth Preschool Partnership Initiative (CPPI) grants. Within these districts local teams share information on family needs, including homeless families and support family access to preschool programs meeting families particular needs. The McKinney-Vento coordinator from each district is engaged to ensure the needs of homeless families are met.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The Homeless Education State Coordinator (ESE) is a member of the Head Start State Collaboration Office (HSSCO) Advisory based at EEC and its recently formed subcommittee on Homeless children and families. The Homeless Education State Coordinator is working closely with the HSSCO Director and the Homeless Liaisons will have an expanded role this coming year with an emphasis on training and collaboration in order to identify children. The school of origin has been expanded to designate receiving schools, as well this gives more educational continuity for children and the school of origin now includes preschool. Over the past year, there has been a concerted effort with the Homeless Education State Coordinator and the HSSCO Director with Homeless Liaisons collaborating with community providers, including Head Start and Early Head Start program directors. There will be an emphasis on providing training and opening up Homeless Liaisons' trainings to Head Start and Early Head Start program staff. The Homeless Education State Coordinator has presented trainings to the Massachusetts Housing & Shelter Alliance (MHSA), the HSSCO Advisory Committee, and the HSSCO Homeless children and families subcommittee on the McKinney-Vento definition, homeless education, and identification of homeless children and families. In October 2018, the Homeless Education State Coordinator hired 3 Regional Homeless Liaison Coordinators and the HSSCO Director will be meeting with the Homeless Education State Coordinator and the new Regional Homeless Liaison Coordinators to plan joint trainings throughout the year with Homeless Liaisons and Head Start and Early Head Start staff. Further, EEC is exploring how it may utilize the newly released Supporting Children and Families Experiencing Homelessness Interactive Learning Series webinars to train EEC staff on family homelessness and the McKinney-Vento definition of "homeless" as it refers to children and youths.Attention is being paid to opening trainings to child care providers across the state.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providersâ business practices.

EEC's Professional Development Centers (PDCs) are the primary vehicle for providing state-funded professional development opportunities to educators working in EEC's mixed delivery system. Training offered includes a mix of topics and includes attention to business practices. EEC is also working with Neighborhood Villages to develop an online business practices training and pilot associated coaching and consultation supports to provide support to program leaders (in both center-based and family child care programs) in practicing and consolidating skills being taught.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providersâ business practices. Check all that apply.

- [x] i. Fiscal management
- [x] ii. Budgeting
- [x] iii. Recordkeeping
- [x] iv. Hiring, developing, and retaining qualified staff
- [ ] v. Risk management
- [ ] vi. Community relationships
- [x] vii. Marketing and public relations
- [x] viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- [ ] ix. Other

Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

Professional learning opportunities funded by EEC are designed to address and promote the social, emotional, physical, and cognitive development of children. These opportunities are available to center-based and family child care programs licensed and funded by EEC.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Professional learning opportunities provided through EEC's PDCs, Career Pathways grantees, and ECMHC grantees funded by EEC are designed to support programs with implementing behavior management strategies, reducing challenging behaviors, and promoting overall positive social emotional development. Services provided by EEC's ECMHC grantees and through the Pyramid Model Consortium specifically address working with EEC licensed and

license exempt center-based and family child care programs provide supports to specifically reduce preschool expulsions.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

EEC's PDCs support programs with engaging children, parents, and families in their program in a linguistically and culturally appropriate way through training, professional learning communities and one-on-one supports to programs. PDCs have the ability to provide services to programs in English, Spanish, Portuguese, Cantonese, and Mandarin. PDCs are working to expand the number of learning opportunities and training materials that are available to educators in these 5 languages. PDCs are also building their own capacity to further support the cultural and linguistic needs of the field

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15

(a)(9)).

Describe the content and funding:

EEC's PDCs, ECSOs, and Career Pathways grantees provide professional learning opportunities through training, professional learning communities, college coursework and one-on-one supports to support the implementation of developmentally appropriate curricula and designing learning environments that are aligned to Massachusetts early learning standards.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

During the last 3 years, stakeholders across Massachusetts worked together to create STRENGTHENING PARTNERSHIPS: A Framework for Prenatal through Young Adulthood Family Engagement in Massachusetts.

The creation of the Framework involved the engagement of many families and professionals, representing a diverse group of local, regional, and state agency members. These members generously contributed their time over a two year period to engage in a collaborative process to elevate the awareness of family engagement and to create a roadmap for the health, human services, and education sectors to engage with children, youth, and families. The Regional Family Engagement Coalition members consists of over 600 members who came from varied roles and sectors, including but not limited to youth; family members; home visitors; Early Intervention specialists; family engagement professionals; early education and care educators and administrators; school and district educators and administrators; after-school and out-of-school time providers; health

professionals; faculty from institutions of higher education; libraries; museums; advocates; health care centers and the pediatric community; immigration and refugee organizations; and cultural, faith-based and other community-based organizations. The state coalition members represented 11 state agencies across both the Education and Health and Human Services secretariats, with EEC playing a lead role with the Department of Elementary and Secondary Education and the Department of Public Health.

Three of EEC's staff participated in a Train-the-Trainer on the Framework and then offered an introductory training to the Coordinated Family and Community Engagement (CFCE) programs across the state. As a follow-up to the introduction to the Framework, a subsequent brown-bag opportunity was offered to engage CFCEs in a dialogue about the tools and supports they might need to introduce the Framework to their local councils and community partners. Their suggestions, along will suggestions from the regional coalition will feed into an implementation plan shared by the state coalition. As this training and follow-up discussion were conducted by EEC staff, there was no additional cost to the agency.

One of the specific places in the Framework that addresses comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development is under the goal of Supporting Child and Youth Development, Learning, Health, and Well-being (DLHW). A recommended practice within that goal is to "Develop multi-pronged systems of information exchange among families, schools and community organizations to enhance child and youth development, learning, health and well-being."

Within EEC's strategic action plan, captured under the pillar of Children, Youth and Families' supportive initiatives is to fully integrate Massachusetts **Family Engagement Framework** to create common language and approach to engaging families across sectors/programs through existing systems. A plan for integrating the Framework will be developed

Which type of providers are included in these training and professional

development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).

Describe the content and funding:

Part of one-on-one program supports is to support program leadership and staff in using data to inform decision. Program level coaching and job-embedded professional development provided by EEC's PDCs and ECSOs provides this support to programs with whom they are working.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

EEC's PDCs are part of a statewide network, but also operate as regional entities to better serve educators and programs across the state, for this reason. PDC staff are aware of the demographics and challenges of their communities and provide professional learning opportunities to support the needs of educators across the mixed delivery system in alignment with MA licensing regulations, standards and guidelines. For the upcoming year, PDCs are focusing on providing professional learning opportunities and serving as a resource for programs.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

EEC licensing regulations require that at least one third of educators' required ongoing professional development hours come from training that addresses the needs of diverse learners.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii).

Describe the content and funding:

EEC's PDCs and ECMHC grantees provide high quality professional learning opportunities to educators and program administrators serving children 0-14. As a statewide network PDCs coordinate to provide training, professional learning communities, and one-on-one coaching to programs serving school age children, this includes the positive development of school age children, social emotional development. EEC's ECMHC grantees work individually with programs to support and promote the positive development of school age children .

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

x. Other

Describe:

n/a

Which type of providers are included in these training and professional development activities?

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- [x] i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - [x] Licensed center-based
  - [x] License exempt center-based

- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the childâs own home)

- [x] ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - [x] Licensed center-based
  - [x] License exempt center-based
  - [x] Licensed family child care home
  - [ ] License- exempt family child care home
  - [ ] In-home care (care in the childâs own home)
- [x] iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - [x] Licensed center-based
  - [x] License exempt center-based
  - [x] Licensed family child care home
  - [x] License- exempt family child care home
  - [ ] In-home care (care in the childâs own home)
- [ ] iv. Other.
  - [ ] Licensed center-based
  - [ ] License exempt center-based
  - [ ] Licensed family child care home
  - [ ] License- exempt family child care home
  - [ ] In-home care (care in the childâs own home)

  Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Educators working in EEC-licensed or funded programs serving children from birth through school age, regardless of setting, must create an individual educator profile in EEC's

Professional Qualifications Registry (PQR) and update it annually. EEC requires educators who work in programs that are not subject to EEC licensure, including those who work in public preschools, to register if they would like to participate in trainings funded by EEC or are in programs participating in EEC's Quality Rating Improvement System (QRIS). EEC's PQR gathers important information on the size, composition, education, and experience of our current workforce. It stores information about the retention and turnover of educators working in early education and out-of-school time programs. This information that is collected from the PQR will help EEC respond to the needs of all early educators and programs in Massachusetts. EEC intends to build a new registry and credentialing IT product to correspond with the launch of a new credentialing system. Participation in the registry will be required for credentialling and program staff rosters will link by role to individuals in the registry. --Program Information: Given the COVID-19 crisis, EEC has paused its Quality Rating and Improvement System (QRIS) to allow programs more time and resources to focus on virus prevention strategies. At the same time, EEC has engaged in stakeholder feedback sessions (via survey and video conferencing) about the development of a new program quality support system driven by programs' commitment to continuous quality improvement and diversity, equity, and inclusion practices. This system will focus on the following domains of quality: interactions, learning environment, family engagement, leadership and professional learning, business practices, and curriculum and assessment. EEC plans to launch a new quality support system in FY22 beginning with a focus on interactions and plans to scale up both expectations and supports from FY22-24.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and

mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

T he Massachusetts Curriculum Frameworks include learning standards for preschool - grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks.

Massachusetts has also developed the Massachusetts Early Learning Guidelines for Infants and Toddlers https://www.mass.gov/service-details/massachusetts-early-learning-guidelines-for-infants-and-toddlers which are grounded in research in effective practice with infants and toddlers and describes appropriate practice across multiple domains.

ii. Developmentally appropriate.

The Massachusetts Curriculum Frameworks include learning standards for preschool - grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks. The state's Curriculum Frameworks provide learning standards for preschool through Grade 12. The Department of Early Education and Care (EEC) has also developed infant and toddler guidelines.Massachusetts Early Learning Guidelines for Infants and Toddlers, which as been designed around developmentally appropriate practices.

iii. Culturally and linguistically appropriate.

The Massachusetts Curriculum Frameworks include learning standards for preschool - grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks. The state's Curriculum Frameworks provide learning standards for preschool through Grade 12. The Department of Early Education and Care (EEC) has also developed infant and toddler guidelines.Massachusetts Early Learning Guidelines for Infants and Toddlers, which include attention to culturally and linguistically appropriate practices.

iv. Aligned with kindergarten entry.

The Massachusetts Curriculum Frameworks include learning standards for preschool - grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks. The state's Curriculum Frameworks provide learning standards for preschool through Grade 12. The Department of Early Education and Care (EEC) has also developed infant and toddler guidelines

v. Appropriate for all children from birth to kindergarten entry.

The Massachusetts Curriculum Frameworks include learning standards for preschool - grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks. The state's Curriculum Frameworks provide learning standards for preschool through Grade 12. The Department of Early Education and Care (EEC) has also developed

infant and toddler guidelines.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The Board of Elementary and Secondary Education approves the Curriculum Frameworks with feedback and input from the Department of Early Education. The Board for the Department of Early Education and Care approves the infant and toddler learning guidelines. Public districts and schools are required to adhere to the Curriculum Frameworks. Early childhood programs serving preschool-age children and receiving certain funding from EEC are expected to implement the Frameworks.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

The Massachusetts Curriculum Frameworks include learning standards for preschool - grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks. The state's Curriculum Frameworks provide learning standards for preschool through Grade 12. The Department of Early Education and Care (EEC) has also developed infant and toddler guidelines. The Board of Elementary and Secondary Education approves the Curriculum Frameworks with feedback and input from the Department of Early Education. The Board for the Department of Early Education and Care approves the infant and toddler learning guidelines. Public districts and schools are required to adhere to the Curriculum Frameworks. Early childhood programs serving preschool-age children and receiving certain funding from EEC are expected to implement the Frameworks. The Massachusetts Early Learning Guidelines for Infants and Toddlers provide guidelines around cognitive development for educators of young children.

ii. Social development.

The Massachusetts Curriculum Frameworks include learning standards for preschool -

grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks. The state's Curriculum Frameworks provide learning standards for preschool through Grade 12. The Department of Early Education and Care (EEC) has also developed infant and toddler guidelines. The Board of Elementary and Secondary Education approves the Curriculum Frameworks with feedback and input from the Department of Early Education. The Board for the Department of Early Education and Care approves the infant and toddler learning guidelines. Public districts and schools are required to adhere to the Curriculum Frameworks. Early childhood programs serving preschool-age children and receiving certain funding from EEC are expected to implement the Frameworks. The Massachusetts Early Learning Guidelines for Infants and Toddlers provide guidelines around social development for educators of young children.

iii. Emotional development.

The Massachusetts Curriculum Frameworks include learning standards for preschool - grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks. The state's Curriculum Frameworks provide learning standards for preschool through Grade 12. The Department of Early Education and Care (EEC) has also developed infant and toddler guidelines. The Board of Elementary and Secondary Education approves the Curriculum Frameworks with feedback and input from the Department of Early Education. The Board for the Department of Early Education and Care approves the infant and toddler learning guidelines. Public districts and schools are required to adhere to the Curriculum Frameworks. Early childhood programs serving preschool-age children and receiving certain funding from EEC are expected to implement the Frameworks. The Massachusetts Early Learning Guidelines for Infants and Toddlers provide guidelines around emotional development for educators of young children.

iv. Physical development.

The Massachusetts Curriculum Frameworks include learning standards for preschool - grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks. The state's Curriculum Frameworks provide learning standards for preschool through Grade 12. The Department of Early Education and Care (EEC) has also developed infant and toddler guidelines. The Board of Elementary and Secondary Education approves the Curriculum Frameworks with feedback and input from the Department of Early Education. The Board for the Department of Early Education and Care approves the infant and toddler learning guidelines. Public districts and schools are required to adhere to the Curriculum Frameworks. Early childhood programs serving preschool-age children and receiving certain funding from EEC are expected to implement the Frameworks. The Massachusetts Early Learning Guidelines for Infants and Toddlers provide guidelines around physical development for educators of young children.

v. Approaches toward learning.

The Massachusetts Curriculum Frameworks include learning standards for preschool - grade 12. These Frameworks are based on research and effective practice, and enable teachers and administrators to strengthen curriculum, instruction, and assessment. They present an aligned progression of development from preschool to kindergarten. The companion document Guidelines to Preschool and Kindergarten Learning Experiences (draft document) describes developmentally appropriate and culturally and linguistically appropriate practices to implement the Frameworks. The state's Curriculum Frameworks provide learning standards for preschool through Grade 12. The Department of Early Education and Care (EEC) has also developed infant and toddler guidelines. The Board of Elementary and Secondary Education approves the Curriculum Frameworks with feedback and input from the Department of Early Education. The Board for the Department of Early Education and Care approves the infant and toddler learning guidelines. Public districts and schools are required to

adhere to the Curriculum Frameworks. Early childhood programs serving preschool-age children and receiving certain funding from EEC are expected to implement the Frameworks. The Massachusetts Early Learning Guidelines for Infants and Toddlers provide guidelines around approaches to learning for infants and toddlers for educators of young children.

vi. Describe how other optional domains are included, if any:

n/a

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The Massachusetts Curriculum Frameworks were first approved in 1997 and revised in 2010. Three of the Frameworks were revised in 2017. The Frameworks are updated to incorporate improvements suggested by Massachusetts educators, including higher education faculty.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

EEC has participated in a legislatively mandated cross agency working group on After School and Out of School Time programming. While this group sunset in FY19, it developed a series of recommendations for the advancement of ASOST programming that was released in late 2018. Recommendations included increasing investment to support access to quality programs, investing in a quality workforce, leveraging local partnerships amongst cities, schools, and after school, and strengthening and aligning state oversight and policy development for afterschool and summer learning. EEC is considering these recommendations, among others as it is developing a new licensing regulation structure.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

https://www.mass.gov/service-details/the-Massachusetts-curriculum-frameworks-for-prek-12 EEC also includes ASOST programs in its QRIS system. EEC has also participated in a legislatively mandated cross agency working group on After School and Out of School Time programming. While this group will sunset in FY19, it has

developed a series of recommendations for the advancement of ASOST programming. http://www.doe.mass.edu/frameworks/.https://www.mass.gov/eec-learning-standards-and-curriculum-guidelines

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The guidelines are used by higher education faculty in their training and coursework with educators. They are also used by licensors in their work with programs and educators as a reference to best practices that should occur in the classroom, home or program. Program leaders use the guidelines as part of their staff training and guidance. The guidelines are also used by EEC to inform its thinking on the development of training. When the educator core competencies are revised they will be crosswalked to the early learning and development guidelines to ensure alignment.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

n/a

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)

- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services

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

- Establishing or expanding a statewide system of child care resource and referral services

- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children

- Supporting providers in the voluntary pursuit of accreditation

- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Early Childhood Educators (ECE) Scholarship Program was established in 2005 to support early educator and out of school time staff in professional preparation and degree completion. The ECE Scholarship program provides financial assistance to early education and care out-of-school time providers working in EEC-licensed or licensed-exempt programs who are also pursuing a certificate, associate's or bachelor's degrees in early childhood education or a related field at an approved Massachusetts college or university. Funding is available for up to 11 college credits, with maximum semester awards of $5,500. The ECE Scholarship is available annually and is a joint initiative with EEC and the MA Department of Higher Education Office of Student Financial Assistance (OSFA). As EEC develops an implementation plan for the new quality support system, EEC is examining the role of needs assessment and evaluation. EEC’s network of 85 CFCE grantees work in an ongoing way with community partners to understand the needs of their communities to ensure that programming and services offered through the CFCE grant align with family and community demographics, address identified needs/gaps that fall within the purview of the CFCE grant, and leverage existing community resources to strengthen families in their capacity to support their children's development. Annually, CFCE programs conduct the Strengthening Families Self-Assessment, in partnership with families and community stakeholders, to reflect and refine program implementation and practice. This ongoing process supports the objectives of the CFCE grant which include providing families with access to locally available comprehensive services and supports that strengthen families, promote optimal child development and bolster school readiness.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

Since winter 2021, EEC has been engaged in stakeholder feedback sessions related to program quality that have allowed the agency to collect data on stakeholder program quality priorities. These data will be used to inform the development of the new quality support system in MA. Detailed information about stakeholder engagements, which are ongoing, can be found here Engagement Opportunities — EEC Strategic Plan Portal. When discussing quality, stakeholders have verified the importance of a focus on continuous quality improvement as a cornerstone of quality engagement and identified the primary importance of compensating educators and attending to adult child interactions as approaches to building quality. Detailed information about stakeholder engagements, which are ongoing, can be found here Engagement Opportunities — EEC Strategic Plan Portal. When discussing quality, stakeholders have verified the importance of a focus on continuous quality improvement as a cornerstone of quality engagement and identified the primary importance of compensating educators and attending to adult child interactions as approaches to building quality.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

- [x] a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.
  - [x] i CCDF funds
  - [x] ii. State general funds

Other funds. Describe:

n/a

☑ b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

☐ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

n/a

☑ c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

n/a

☑ d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

n/a

☑ e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

n/a

☑ f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

n/a

☑ g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

n/a

☑ h. Accreditation Support (Related Section: 7.8). Check all that apply.

☐ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

n/a

☑ i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

n/a

☑ j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

n/a

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards

2. Supports to programs to improve quality

3. Financial incentives and supports

4. Quality assurance and monitoring

5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- ☐ a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- ☐ b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- ☑ c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Given the crisis that COVID-19 brought to the ECE workforce, EEC has paused its current QRIS in order to allow programs to focus on meeting minimum health and safety requirements necessary for COVID-19 prevention and mitigation. At the same time, EEC is engaging with stakeholders to determine a new program quality support system in MA; the new system will move from a focus on benchmarks and compliance

to a focus on supports and continuous quality improvement. Currently, EEC is developing a strategy and implementation plan for the new quality support system that begins with a focus on interactions but also includes curriculum and assessment, physical environment, family engagement, leadership and professional learning, and business practices. This quality support system is expected to begin in FY22 and scale up through FY24.

☐ d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

☐ e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

☐ Participation is voluntary

☐ Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

☑ Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- [x] i. Licensed child care centers
- [x] ii. Licensed family child care homes
- [x] iii. License-exempt providers
- [x] iv. Early Head Start programs
- [x] v. Head Start programs
- [x] vi. State Prekindergarten or preschool programs
- [x] vii. Local district-supported Prekindergarten programs
- [x] viii. Programs serving infants and toddlers
- [x] ix. Programs serving school-age children
- [ ] x. Faith-based settings
- [x] xi. Tribally operated programs
- [ ] xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Currently, the MA QRIS is on pause to give programs additional capacity and resources to focus on minimum health and safety requirements related to COVID-19 prevention and mitigation .

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- [ ] No
- [x] Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - [ ] a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
  - [ ] b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - [ ] c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - [ ] d. Programs that meet all or part of state/territory school-age quality standards.
  - [x] e. Other.

    Describe:

    Until spring 2021, MA had a robust QRIS with broad program participation. Currently, the QRIS is on pause while programs focus on meeting minimum health and safety requirements related to COVID-19 prevention and mitigation. EEC is in the process of working with stakeholders to develop a new quality support system, which will assess programs' quality practices and provide tailored supports.

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- [ ] No
- [x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

- [ ] a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
- [ ] b. Embeds licensing into the QRIS
- [ ] c. State/territory license is a "rated" license
- [x] d.Other.

Describe:

The MA QRIS was built with licensing as Level 1, and the emerging quality support system also envisions licensing as the foundation of the quality support system. The future quality support system moves MA into a single, streamlined continuum of program quality from licensing through best practices. Program supports from licensing to best practices are also in development as part of this emerging quality support system.

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- [ ] No
- [x] Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- [ ] Licensed center-based
- [ ] License exempt center-based

- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

iii. Higher subsidy payments

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home (care in the child's own home)

v. Coaching/mentoring

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

vii. Materials and supplies

- [x] Licensed center-based
- [x] License exempt center-based

- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home (care in the child's own home)

viii. Priority access for other grants or programs

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home (care in the child's own home)

ix. Tax credits for providers

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

x. Tax credits for parents

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

b. Other:

n/a

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

As MA revises our quality support system, we are examining the use of tools and measures that support high quality adult/child interactions as a first phase of supports. Over time, additional tools and measures will be added to support program quality across domains ranging from curriculum and assessment to family engagement to business practices to physical environment.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- [x] a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

EEC has a grant called Strong Start Training and Technical Assistance that provides training and technical assistance to providers. This grant establishes Professional Development Centers (PDCs) across the state to help improve quality in child care settings.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

- [ ] b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

- [x] c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

EEC has a grant called Strong Start Training and technical Assistance that providers training and technical assistance to providers. This grant establishes Professional Development Centers (PDCs) across the state to help improve quality in child care settings.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

- [ ] d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

☐ e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home care (care in the child's own home)

☐ f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home care (care in the child's own home)

☐ g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home care (care in the child's own home)

☐ h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

- ☐ Licensed center-based

- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- ☐ i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home

☐ In-home care (care in the child's own home)

☑ j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

EEC uses a portion of I/T funds for licensor salaries, who ensure that providers are in compliance with EEC rules and regulations and ensuring safety in programs. EEC also funds grants to Parent Child Plus providers, who work individually with topics on vocabulary-building, engaging conversation, skill development, social-emotional development, imaginative play, and literacy, music, and art activities.

☑ Licensed center-based

☑ License exempt center-based

☑ Licensed family child care home

☐ License- exempt family child care home

☐ In-home care (care in the child's own home)

☐ k. Coordinating with child care health consultants.

Describe:

☐ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License- exempt family child care home

☐ In-home care (care in the child's own home)

☐ l. Coordinating with mental health consultants.

Describe:

☐ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License- exempt family child care home

- [ ] In-home care (care in the child's own home)

- [ ] m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

- [x] n. Other.

Describe:

EEC is in the process of developing a new quality support system for use across the mixed delivery system. We have begun to engage stakeholders in feedback sessions about the importance of high quality programs for infants and toddlers and expect to launch the new system with a focus on reciprocal relationships and high quality interactions between adults and children in programs. We will continue to use tools developed to support high quality adult/child interactions and environments, such as the ITERS, to support quality programs for our youngest learners.

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Currently, EEC collects Continuous Quality Improvement Plans (CQIPs) from programs that are maintained by program quality staff. Staff work with programs on their Improvement Plans and provide technical assistance, if possible, to help programs meet their plan. Programs complete CQIPs based on their quality rating, and submit new CQPIs once they

move through that particular rating onto the next . An EEC Program Quality Specialist Program Quality Specialists will verify the CQIP using the following criteria:

1. CQI action steps are informed by program-level data
2. Data and QRIS measurement tools scores must be current within the past 12 months
3. Action steps should be SMART* (specific, measurable, actionable, realistic, and time-related)
4. Action steps should be distinct and easy to understand
5. Content in the CQIP must be detailed; the Program Quality Specialist should get the sense that the program has thoughtfully selected the goals using program-level data
6. CQI goals must be individual to the program (i.e.: not cookie cutter or using umbrella agency CQIP templates)
7. CQIP may be submitted in the educator/administrator's preferred language

If the CQIP meets these criteria, the Program Quality Specialist may verify the CQIP as meeting the requirements for QRIS. If any of these criteria is not met upon review of the CQIP, the Program Quality Specialist will request follow-up information from the program before verifying the CQIP. Program Quality Specialist may suggest the program prioritizes action steps to match EEC priorities (such as regulatory issues or prioritizing safe and healthy environments during the Covid-19 crisis). The Program Quality Specialist may also refer the program for additional technical assistance regarding development of goals. The Program Quality Specialist should specifically reference which criteria need to be addressed.

Additionally, EEC is in the process of developing a new quality support system for use across the mixed delivery system. We have begun to engage stakeholders in feedback sessions about the importance of high quality programs for infants and toddlers and expect to launch the new system with a focus on reciprocal relationships and high quality interactions between adults and children in programs. We will continue to use tools developed to support high quality adult/child interactions and environments, such as the ITERS, to support quality programs for our youngest learners.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The current CCRR contract focuses its resources on the following areas: (1) Services to families, including ensuring families have access to high quality consumer information about their child care options, providing resources and referrals that meet their specific needs, and providing eligibility assessments and access to EEC subsidized child care; (2) provide services to providers including recruitment and contract management, training and technical assistance, and monitoring; (3) coordination with other agencies and programs, including EEC Regional Operations/Licensing, the Department of Transitional Assistance (DTA), the Department of Children and Families (DCF), Mass211, Coordinated Family Community Engagement (CFCE) grantees, Educator and Provider Support (EPS) grantees, and service area communities and the early education field; and (4) general CCRR administration and management.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The CCRR contract contains several reporting requirements that the Department uses to evaluate the effectiveness of the CCRR Network. In addition, EEC requires the CCRR Network to conduct satisfaction surveys with the individuals receiving services at the local level. The results of these surveys are sent to EEC on a monthly basis.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

Massachusetts uses CCDF quality funds to support the staffing of the Department of Early Education and Care's field operations unit, which includes licensors and investigators who are charged with inspecting monitoring and providing training/technical assistance to licensed early education programs throughout the Commonwealth. Additionally, EEC has established a statewide Educator and Provider Support (EPS) network to provide state funded professional development opportunities, technical assistance, and other resources to help programs meet and maintain a high-quality early education and care program. The EPS grant serves educators working in EEC's mixed delivery system including those working in family child care homes, center-based programs, and those that are exempt from licensing. EPS networks provide program with technical assistance and help them meet licensing requirements, quality standards, and upward movement in QRIS

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- [ ] No
- [x] Yes. If yes, which types of providers can access this financial assistance?
  - [x] Licensed CCDF providers
  - [ ] Licensed non-CCDF providers
  - [x] License-exempt CCDF providers
  - [ ] Other

    Describe:

    n/a

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

EEC is in the process of developing a new quality support system for use across the mixed delivery system. We have begun to engage stakeholders in feedback sessions about the importance of high quality programs for infants and toddlers and expect to launch the new system with a focus on reciprocal relationships and high quality interactions between adults and children in programs. Currently, EEC collects continuous quality improvement plans from programs to track their meaningful engagement in this process and developing plans to evaluate and support ongoing quality improvement efforts.

EEC has long had in place robust licensing standards that reflect strong health and safety expectations and provides the foundational level of quality expectations. Program compliance to these standards is evaluated by licensors during annual visits to programs. EEC funds multiple entities to support quality improvement in licensed programs, including the Strong Start Professional Development Centers, the Early Childhood Mental Health Grantees, the Strong Start Learning Management System, the Pyramid Model Consortium

and the Early Childhood Support Organizations. Each of these grantees is required to collect information to allow EEC to track program participation and support receipt. This allows EEC to understand who is receiving supports ranging from basic health and safety to trainings to in depth coaching and consultation. In the future, we will develop the capacity to track the extent programs sustained targeted practices when the direct support ends.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

- [x] No
- [ ] Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

MA is developing a set of observable practices and indicators for measuring the progress of programs in the emerging quality support system.

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☑ a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

EPS supports programs in achieving accreditation through the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care (NAFCC) or the Council on Accreditation (COA) by providing targeted professional development and coaching geared towards accreditation and paying a portion of accreditation fees for programs.

☐ b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

☐ c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

☐ d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ i. Focused on child care centers

Describe:

☐ ii. Focused on family child care homes

Describe:

☐ e. No, but the state/territory is in the in the development phase of supporting accreditation.

☐ i. Focused on child care centers

Describe:

☐ ii. Focused on family child care homes

Describe:

☐ f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

EEC tracks how may accredited programs are participating in the Massachusetts QRIS and their QRIS Levels. In addition, EEC receives data from EPS grantees related to the number of programs that are accredited in the Commonwealth.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

EEC is currently in the process of revising the minimum standards for licensed programs with a focus on evidence-based indicators of quality. For infants and toddlers, these will include standards for relationship-based interactions, meaningful family engagement, increased staff competencies, developmental monitoring, and developmentally

supportive care.

b. Preschoolers

EEC is currently in the process of revising the minimum standards for licensed programs with a focus on evidence-based indicators of quality. For preschoolers, these will include standards for relationship-based interactions, developmentally appropriate learning experiences, and developmental monitoring.

c. and/or School-age children.

EEC is currently in the process of revising the minimum standards for licensed programs with a focus on evidence-based indicators of quality. For school-age children, these will include standards for relationship-based interactions and youth voice and choice.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

MA is developing a set of observable practices and indicators for measuring the progress of programs in the emerging quality support system.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

n/a

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

☑ a. Verifying and processing billing records to ensure timely payments to providers

Describe:

The EEC Accounting Unit oversees the process of verifying payment vouchers and invoices submitted by Contract Providers, Child Care Resource and Referral Agencies, and Grantees. Controls are put in place to ensure segregation of duties for the review and approval of payment process.

☑ b. Fiscal oversight of grants and contracts

Describe:

In accordance the Audit Compliance and Resolution Unit Fiscal Monitoring Policies and Procedures (revised Spring 2020), has the responsibility are to ensure that CCRRs, Contracted Providers and Grantees (subrecipients) are in compliance with federal, state, and EEC policies and regulations. If non- compliance issues arise, it is the role of the Director of Audit Compliance and Resolution and Fiscal Monitoring and the FMS to assure audit resolution. The responsibility includes seeking the required payments from CCRRs/Contract Providers/Grantees of any federal financial assistance because of their failure to comply with federal laws and regulations.

☐ c. Tracking systems to ensure reasonable and allowable costs

Describe:

☐ d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

☑ a. Conduct a risk assessment of policies and procedures

Describe:

EEC conducts yearly reviews of each Unit's Policies and Procedures as it relates to the Internal Controls. In analyzing risks, EEC has analyzed the effectiveness of its internal control system in six areas: Internal Environment; Objective Setting; Event

Identification; Risk Assessment; Information and Communication; and Monitoring. Each Unit's Policies and Procedure document informs the controls put in place to ensure high and medium risk areas are fully reviewed and addressed.

☑ b. Establish checks and balances to ensure program integrity

Describe:

EEC developed functionality within its Child Care Financial System (CCFA) where the system requires a second review and approval of eligibility determinations. This added control of second review and approval is for all authorizations and reauthorizations. The objective is to mitigate Subsidy Administrator non payment and/or payment errors.

☐ c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

☐ d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

☑ i. Issue policy change notices.

Describe:

Providers receive notice of policy changes via communications from the Financial Assistance Unit or the Commissioner's listserv. The EEC website is also updated with all policy revisions and supporting documentation

☑ ii. Issue policy manual.

Describe:

Providers receive notice of policy manual changes via communications from the Financial Assistance Unit or the Commissioner's listserv. The EEC website is also updated with all policy revisions and supporting documentation

☑ iii. Provide orientations.

Describe:

CCRRs hold orientations as an onboarding process for new voucher only providers.

☑ iv. Provide training.

Describe:

EEC holds training as necessary when policies are released for all contracted providers and CCRRs. CCRRs then trains voucher only providers.

☐ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

☑ vi. Meet regularly regarding the implementation of policies.

Describe:

Weekly meetings are held with the CCRRs to review policies and the implementation of polices.

☐ vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

☑ i. Issue policy change notices.

Describe:

The Audit and Financial Assistance Units receives email communications when

policy and regulatory changes are made. Policy changes are also reviewed during weekly Unit meetings as necessary.

☑ ii. Train on policy change notices.

Describe:

The Audit and Financial Assistance Units receives ongoing training as policy and regulatory changes are made. These trainings take place during weekly Unit meetings as necessary.

☑ iii. Issue policy manuals.

Describe:

The Audit and Financial Assistance Units receive notice of policy manual changes via communications from the Financial Assistance Unit or the Commissioner's listserv.

☑ iv. Train on policy manual.

Describe:

T he Audit and Financial Assistance Units receives ongoing training as policy manual are released and changes are made. These trainings take place during weekly Unit meetings as necessary.

☑ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

EEC's Audit Compliance and Resolution Unit (ACR Unit) holds weekly staff meetings to discuss changes to regulations and policies, as well as common issues observed during fiscal monitoring reviews. The Associate Commissioner emails communications referencing policy changes to the ACR Unit as necessary.

☑ vi. Meet regularly regarding the implementation of policies.

Describe:

EEC's Audit Compliance and Resolution Unit (ACR Unit) holds weekly staff meetings to discuss changes to regulations and policies, as well as common issues observed during fiscal monitoring reviews. The Associate Commissioner emails communications referencing policy changes to the ACR Unit as necessary.

☐ vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The Commonwealth of Massachusetts Office of the Comptroller requires State Agencies such as EEC to update its Internal Controls on a yearly basis. This requirement is monitored through the Office for the Comptroller's Internal Control Questionnaire. EEC conducts yearly reviews of each Unit's Policies and Procedures as it relates to the Internal Controls. In analyzing risks, EEC has analyzed the effectiveness of its internal control system in six areas: Internal Environment; Objective Setting; Event Identification; Risk Assessment; Information and Communication; and Monitoring. Each Unit's Policies and Procedure document informs the controls put in place to ensure high and medium risk areas are fully reviewed and addressed.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations.** Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

☐ i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Massachusetts' Child Care Financial Assistance (CCFA) application contains an audit log that reports all actions taken by subsidy administrators, including affected client record, the type of record, the action taken, the date the action was taken, and user id of the individual that took the action. The record types included in the report are person, placements, attendance, and eligibility. CCFA requires subsidy administrators to state the reason for making an adjustment to each record, which will help facilitates reviews conducted by the EEC Audit Unit

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In State Fiscal Year 20, the Audit Unit was able to complete 30 fiscal monitoring reviews. A total of 701 child care slots were reviewed for eligibility, attendance, and billing.

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In State Fiscal Year 20, the Audit Unit was able to complete 30 fiscal monitoring reviews. A total of 701 childcare slots were reviewed for eligibility, attendance, and billing. Each visit resulted in a final report that detailed the monitoring review process. Were applicable, non-payment errors and payment errors are detailed in the reports.

Corrective action plans are required when the review results in nonpayment and payment errors. The Director of Audit Compliance and Resolution approves all final reports and corrective action plans. In SFY20, 8 of the 30 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In State Fiscal Year 20, the Audit Unit was able to complete 30 fiscal monitoring reviews. A total of 701 childcare slots were reviewed for eligibility, attendance, and billing. Each visit resulted in a final report that detailed the monitoring review process were applicable, non-payment errors and payment errors are detailed in the reports. Corrective action plans are required when the review results in nonpayment and payment errors. The Director of Audit Compliance and Resolution approves all final reports and corrective action plans. In SFY20, 8 of the 30 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan. There were 28 errors (4-non payment and 24 payment errors) resulting in a 3% error rate.

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In SFY21, the EEC Financial Assistance Unit and Audit Unit held two rounds of Subsidy trainings and drop in sessions to review revisions of the EEC Financial Assistance Policies and Procedures. These trainings were attended by contractors and EEC Staff. Both Units also hold weekly Unit meetings to review policy interpretations and questions from the field.

☐ vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

☐ i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Massachusetts's Child Care Financial Assistance (CCFA) application contains an audit log that reports all actions taken by subsidy administrators, including affected client record, the type of record, the action taken, the date the action was taken, and user id of the individual that took the action. The record types included in the report are person, placements, attendance, and eligibility. CCFA requires subsidy administrators to state the reason for making an adjustment to each record, which will help facilitates reviews conducted by the EEC Audit Unit.

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk

assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In State Fiscal Year 20, the Audit Unit was able to complete 30 fiscal monitoring reviews. A total of 701 child care slots were reviewed for eligibility, attendance, and billing.

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In State Fiscal Year 20, the Audit Unit was able to complete 30 fiscal monitoring reviews. A total of 701 childcare slots were reviewed for eligibility, attendance, and billing. Each visit resulted in a final report that detailed the monitoring review process were applicable, non-payment errors and payment errors are detailed in the reports. Corrective action plans are required when the review results in nonpayment and payment errors. The Director of Audit Compliance and Resolution approves all final reports and corrective action plans. In SFY20, 8 of the 30 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In State Fiscal Year 20, the Audit Unit was able to complete 30 fiscal monitoring reviews. A total of 701 childcare slots were reviewed for eligibility, attendance, and billing. Each visit resulted in a final report that detailed the monitoring review process. Were applicable, non-payment errors and payment errors are detailed in the reports. Corrective action plans are required when the review results in nonpayment and payment errors. The Director of Audit Compliance and Resolution approves all final reports and corrective action plans. In SFY20, 8 of the 30 fiscal monitoring reviews

resulted in non-payment and/or payment errors that required a corrective action plan. There were 28 errors (4-non payment and 24 payment errors) resulting in a 3% error rate.

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

EEC's ACR unit engages in several activates at that start of the fiscal year in preparation for fiscal monitoring. These activities include review of Fiscal Monitoring Plan and review of policy changes and form revisions, In SFY21, the EEC Financial Assistance Unit and Audit Unit held two rounds of Subsidy trainings and drop in sessions to review revisions of the EEC Financial Assistance Policies and Procedures. These trainings were attended by contractors and EEC Staff. Both Units also hold weekly Unit meetings to review policy interpretations and questions from the field.

☐ vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

☐ i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Massachusetts's Child Care Financial Assistance (CCFA) application contains an audit log that reports all actions taken by subsidy administrators, including affected client record, the type of record, the action taken, the date the action was taken, and user id of the individual that took the action. The record types included in the report are person, placements, attendance, and eligibility. CCFA requires subsidy administrators to state the reason for making an adjustment to each record, which will help facilitates reviews conducted by the EEC Audit Unit

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In State Fiscal Year 20, the Audit Unit was able to complete 30 fiscal monitoring reviews. A total of 701 child care slots were reviewed for eligibility, attendance, and billing.

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In State Fiscal Year 20, the Audit Unit was able to complete 30 fiscal monitoring reviews. A total of 701 childcare slots were reviewed for eligibility, attendance, and billing. Each visit resulted in a final report that detailed the monitoring review process were applicable, non-payment errors and payment errors are detailed in the reports. Corrective action plans are required when the review results in nonpayment and payment errors. The Director of Audit Compliance and Resolution approves all final reports and corrective action plans. In SFY20, 8 of the 30 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

EEC's ACR Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program including risk assessment analysis, on-site monitoring, review of attendance records, review of billing, and technical assistance through corrective action plans.In State Fiscal Year 20, the Audit Unit was able to complete 30 fiscal monitoring reviews. A total of 701 childcare slots were reviewed for eligibility, attendance, and billing. Each visit resulted in a final report that detailed the monitoring review process. Were applicable, non-payment errors and payment errors are detailed in the reports. Corrective action plans are required when the review results in nonpayment and payment errors. The Director of Audit Compliance and Resolution approves all final reports and corrective action plans. In SFY20, 8 of the 30 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan. There were 28 errors (4-non payment and 24 payment errors) resulting in a 3% error rate.

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

EEC's ACR unit engages in several activates at that start of the fiscal year in preparation for fiscal monitoring. These activities include review of Fiscal Monitoring Plan and review of policy changes and form revisions, In SFY21, the EEC Financial Assistance Unit and Audit Unit held two rounds of Subsidy trainings and drop in sessions to review revisions of the EEC Financial Assistance Policies and Procedures. These trainings were attended by contractors and EEC Staff. Both Units also hold weekly Unit meetings to review policy interpretations and questions from the field.

☑ vii. Other

Describe the activities and the results of these activities:

EEC has implemented the Dual Authorization Approval Functionality in CCFA that requires a segregation of duties when entering and approving all authorizations. A new profile was developed where Subsidy Administrators must request access and

approval from EEC. This secondary review authorizations are entered correctly and all applicable documentation is obtained. This functionality was deployed in May 2021, therefore EEC does not have preliminary results as of yet. The EEC Audit Unit will be conduct reviews of subsidy authorizations completed after the functionality release in Fall 2021.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

Office of the State Auditor/Bureau of Special Investigations (BSI)

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

☐ i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

☑ ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

EEC works closely with the Massachusetts Operational Services Division and the Attorney General's Office, Division of Public Charities, in reviewing and following up with providers whose annual financial reports and/or filings indicate that improper payments may have occurred. In SFY20 EEC Audit Unit completed 173 risk assessment and assigned risk scores by utilizing Operational Service Divisions Uniform Financial Report Database. The Attorney General's debarment list was

unitized to confirm no EEC Contract was debarred

When a contracted provider, voucher provider or subsidy recipient is suspected of committing fraud, the case is referred to the Office of the State Auditor/Bureau of Special Investigations (BSI), who may initiate an in-depth investigation. EEC and/or the Auditor's Office may also refer the matter to the Attorney General's Office or District Attorney's Office for further civil or criminal legal action, which could include the attachment and liquidation of assets. SFY20, the Office of the State Auditor conducted 4 independent audits on EEC contractors. These audits focused on internal controls surrounding eligibility determinations. In SFY20, EEC referred to BSI 7 cases of suspected fraud by a subsidy recipient. Of those, 4 resulted in a determination of fraud and the remaining three are still pending. EEC increased our work with BSI in SFY21 with 33 referrals of suspected fraud by a subsidy recipient. Of those, 10 so far have resulted in a fraud determination with 23 investigations still pending.

☑ iii. Recover through repayment plans.

Describe the activities and the results of these activities:

EEC places outstanding debts owed by contractors, providers, and/or subsidy recipients on the Commonwealth's Billing and Accounts Receivable Subsystem (BARS) which may include prior fiscal year improper authorized payments. Through BARS, invoices are generated to debtors that include instructions on how to make payments and notifications of any rights which the debtor may have to request a hearing to challenge the debt amount.As of September 2021, EEC has 414 clients on BARS with a totaled owed $1.5 million. Cases that are referred to BSI may result in the family being added to BARS but not in all cases. In certain cases, the improper payment may be recovered through criminal proceedings or through a civil recovery process managed by BSI. During the course of EEC and BSI's memorandum, over $6.8M in improper subsidy payments has been identified. $1.6M of that total has been identified since the start of SFY20.

☑ iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Through EEC's automated eligibility and billing system, Child Care Financial System (CCFA), EEC can recoup from a provider's future payments any sums that must be

repaid related to services provided within the current fiscal year, including payments that were improperly authorized for families who were ineligible for child care subsidies. EEC can also recoup any improper payments made to CCRRs through CCFA by reducing future payments for services provided within the current fiscal.In SFY20, the EEC Unit conducted 30 fiscal monitoring visits. Of those 30 visits, 10 providers required reduced payments through CCFA. year.

☑ v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

If the debtor fails to make any payments on a timely basis, the Commonwealth may initiate a collection action against the debtor and/or intercept any other State funds being paid to the debtor including, but not limited to, the intercept of tax refund payments.In SFY20, 441 intercepts took place.

☐ vi. Recover through other means.

Describe the activities and the results of these activities:

☑ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families including family child care systems and Child Care Resource and Referral Agencies (CCRRs) are subject to fiscal and compliance monitoring by EECs ACR Unit. The ACR Unit consists of Four (4) fiscal monitors and one (1) Supervisor overseeing the monitoring activities. The monitoring program consists of activities to confirm that families receiving care through these contracts are eligible to receive services according to state and federal regulations and EEC policies. In addition, the monitoring program corroborates contractor compliance by verifying financial information, confirming compliance with audits and evaluating internal controls. The collection of improper payments through payment adjustments in CCFA and through BARS is completed by the EEC Accounting and Contracts Unit. This Unit consists of two (2) Payment Specialists

☐ viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

☐ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

☑ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

EEC works closely with the Massachusetts Operational Services Division and the Attorney General's Office, Division of Public Charities, in reviewing and following up with providers whose annual financial reports and/or filings indicate that improper payments may have occurred. In SFY20 EEC Audit Unit completed 173 risk assessment and assigned risk scores by utilizing Operational Service Divisions Uniform Financial Report Database. The Attorney General's debarment list was utilized to confirm no EEC Contract was debarred.

When a contracted provider, voucher provider or subsidy recipient is suspected of committing fraud, the case is referred to the Office of the State Auditor/Bureau of Special Investigations (BSI), who may initiate an in-depth investigation. EEC and/or the Auditor's Office may also refer the matter to the Attorney General's Office or District Attorney's Office for further civil or criminal legal action, which could include the attachment and liquidation of assets. In SFY20, the Office of the State Auditor conducted 4 independent audits on EEC contractors. These audits focused on internal

controls surrounding eligibility determinations.

☑ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

EEC places outstanding debts owed by contractors, providers, and/or subsidy recipients on the Commonwealth's Billing and Accounts Receivable Subsystem (BARS) which may include prior fiscal year improper authorized payments. Through BARS, invoices are generated to debtors that include instructions on how to make payments and notifications of any rights which the debtor may have to request a hearing to challenge the debt amount.As of September 2021, EEC has 414 clients on BARS with a totaled owed $1.5 million.

☑ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Through EEC's automated eligibility and billing system, Child Care Financial System (CCFA), EEC can recoup from a provider's future payments any sums that must be repaid related to services provided within the current fiscal year, including payments that were improperly authorized for families who were ineligible for child care subsidies. EEC can also recoup any improper payments made to CCRRs through CCFA by reducing future payments for services provided within the current fiscal year.In SFY20, the EEC Unit conducted 30 fiscal monitoring visits. Of those 30 visits, 10 providers required recoupment through CCFA.

☑ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

If the debtor fails to make any payments on a timely basis, the Commonwealth may initiate a collection action against the debtor and/or intercept any other State funds being paid to the debtor including, but not limited to, the intercept of tax refund payments.In SFY20, 441 intercepts took place.

☐ vii. Recover through other means.

Describe the activities and the results of these activities:

☑ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families including family child care systems and Child Care Resource and Referral Agencies (CCRRs) are subject to fiscal and compliance monitoring by EECs ACR Unit. The ACR Unit consists of Four (4) fiscal monitors and one (1) Supervisor overseeing the monitoring activities. The monitoring program consists of activities to confirm that families receiving care through these contracts are eligible to receive services according to state and federal regulations and EEC policies. In addition, the monitoring program corroborates contractor compliance by verifying financial information, confirming compliance with audits and evaluating internal controls. The collection of improper payments through payment adjustments in CCFA and through BARS is completed by the EEC Accounting and Contracts Unit. This Unit consists of two (2) Payment Specialists and one (1) Supervisor.

☐ ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

☐ i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

☐ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

☑ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

EEC works closely with the Massachusetts Operational Services Division and the Attorney General's Office, Division of Public Charities, in reviewing and following up with providers whose annual financial reports and/or filings indicate that improper payments may have occurred. In SFY20 EEC Audit Unit completed 173 risk assessment and assigned risk scores by utilizing Operational Service Divisions Uniform Financial Report Database. The Attorney General's debarment list was utilized to confirm no EEC Contract was debarred. When a contracted provider, voucher provider or subsidy recipient is suspected of committing fraud, the case is referred to the Office of the State Auditor/Bureau of Special Investigations (BSI), who may initiate an in-depth investigation. EEC and/or the Auditor's Office may also refer the matter to the Attorney General's Office or District Attorney's Office for further civil or criminal legal action, which could include the attachment and liquidation of assets. In SFY20, the Office of the State Auditor conducted 4 independent audits on EEC contractors. These audits focused on internal controls surrounding eligibility determinations.

☑ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

EEC places outstanding debts owed by contractors, providers, and/or subsidy recipients on the Commonwealth's Billing and Accounts Receivable Subsystem (BARS) which may include prior fiscal year improper authorized payments. Through BARS, invoices are generated to debtors that include instructions on how to make payments and notifications of any rights which the debtor may have to request a hearing to challenge the debt amount.As of September 2021, EEC has 414 clients on BARS with a totaled owed $1.5 million.

☑ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Through EEC's automated eligibility and billing system, Child Care Financial System (CCFA), EEC can recoup from a provider's future payments any sums that must be repaid related to services provided within the current fiscal year, including payments that were improperly authorized for families who were ineligible for child care

subsidies. EEC can also recoup any improper payments made to CCRRs through CCFA by reducing future payments for services provided within the current fiscal.In SFY20, the EEC Unit conducted 30 fiscal monitoring visits. Of those 30 visits, 10 providers required recoupment through CCFA. year.

☑ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

If the debtor fails to make any payments on a timely basis, the Commonwealth may initiate a collection action against the debtor and/or intercept any other State funds being paid to the debtor including, but not limited to, the intercept of tax refund payments.In SFY20, 441 intercepts took place.

☐ vii. Recover through other means.

Describe the activities and the results of these activities:

☑ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families including family child care systems and Child Care Resource and Referral Agencies (CCRRs) are subject to fiscal and compliance monitoring by EECs ACR Unit. The ACR Unit consists of Four (4) fiscal monitors and one (1) Supervisor overseeing the monitoring activities. The monitoring program consists of activities to confirm that families receiving care through these contracts are eligible to receive services according to state and federal regulations and EEC policies. In addition, the monitoring program corroborates contractor compliance by verifying financial information, confirming compliance with audits and evaluating internal controls. The collection of improper payments through payment adjustments in CCFA and through BARS is completed by the EEC Accounting and Contracts Unit. This Unit consists of two (2) Payment Specialists and one (1) Supervisor.

☐ ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

☑ a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Under current regulations, if Massachusetts determines that an applicant or recipient of subsidized child care committed fraud as part of his/her application, the Department reserves the right to disqualify the individual until the improper payment is repaid/recouped. Any time an applicant's child care subsidy is denied, terminated, or reduced or a recoupment is issued, the individual has the right to seek an appeal through the Department. If the individual is still aggrieved after the Department issues its final agency decision, s/he may seek further appeal of the decision in Superior Court. Under the proposed regulations, EEC will create a tiered sanctions systems for Intentional Program Violations and Fraud with one, two, and three year bans depending on the severity and number of occurrences. Parent's appeal rights will remain the same under the proposed regulations.Since the start of the regulations, EEC has focused primarily on the cases of substantiated fraud with 9 bans issued. Multiple bans are pending further appeal with the agency and have not been implemented.

☑ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

Under current regulations, if Massachusetts determines that provider managing subsidized child care committed fraud as part of their role as a Subsidy Administrator, the Department reserves the right to terminate the subsidy contract until the improper payment is repaid/recouped. EEC issued a termination of the contract with a Subsidy Administrator on 6/30/2021 due to contract non compliances and material noncompliance findings and significant deficiencies in the organization's Independent Audit. EEC held several meetings with the Subsidy Administrator to discuss these non compliances prior

to the contract termination decision. The Subsidy Administrator did not proceed with a formal appeal process.

☐ c. Prosecute criminally.

Describe the activities and the results of these activities:

☑ d. Other.

Describe the activities and the results of these activities:

In addition, EEC may also limit the number of referrals issued to voucher only providers and/or reduce the number of contract slots awarded to contracted providers. Although there are no administrative appeal rights to challenge such actions directly with EEC, a provider may challenge these decisions in the State's Superior Court through the Commonwealth's administrative procedures act, at Massachusetts General Laws, Chapter 30A, on the grounds that there has been an abuse of discretion.

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered âextraordinary circumstance waiversâ to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

☑ **Appendix A.1:** The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

EEC is seeking waiver from the market rate survey requirements outlined in Section 4, questions 4.2.1 and 4.2.5. EEC requests this waiver due to theextraordinary circumstance of the COVID-19 pandemic that has forced the Department to focus a majority of its time and resources to support programs, educators, and familes during this challenging time. Additionally, the COVID-19 pandemic forced the agency to temporarily close child care programs for 3 months during 2020 and the Department has seen a slow return to pre-pandemic numbers for open child care programs. These closures disrupted the child care market and created a fluctuation in the data that would not be an adequate predictor of the child care market rate.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

The waiver will allow EEC to focus its resources on supporting programs and families through the COVID-19 emergency and recovery. tt will allow EEC to support programs stabilize through the reopening period.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety, and wellbeing of children served will not be compromised because EEC will be able to focus its resources on supporting families through the COVID-19 emergency. Additionally, EEC will continue covering the cost of parent fees for the remainder of the calendar year. EEC will continue to regularly monitor child care programs to ensure they are meeting all applicable health and safety requirements.