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The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

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Child Care and Development Fund (CCDF) Plan

for

State/Territory *MASSACHUSETTS*

FFY 2025 – 2027

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

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

Table of Contents

Overview **4**

1 CCDF Program Administration **6**
1.1 CCDF Leadership 6
1.2 CCDF Policy Decision Authority 7
1.3 Consultation in the Development of the CCDF Plan 11

2 Child and Family Eligibility and Enrollment and Continuity of Care **14**
2.1 Reducing Barriers to Family Enrollment and Redetermination 14
2.2 Eligible Children and Families 17
2.3 Prioritizing Services for Vulnerable Children and Families 29
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities 31
2.5 Promoting Continuity of Care 36

3 Child Care Affordability **42**
3.1 Family Co-payments 42
3.2 Calculation of Co-Payment 44
3.3 Waiving Family Co-payment 45

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices **46**
4.1 Access to Full Range of Provider Options 46
4.2 Assess Market Rates and Analyze the Cost of Child Care 47
4.3 Adequate Payment Rates 54
4.4 Payment Practices to Providers 59
4.5 Supply Building 62

5 Health and Safety of Child Care Settings **67**
5.1 Licensing Requirements 68
5.2 Ratios, Group Size, and Qualifications for CCDF Providers 70
5.3 Health and Safety Standards for CCDF Providers 78
5.4 Pre-Service or Orientation Training on Health and Safety Standards 117
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements 119
5.6 Ongoing Health and Safety Training 125
5.7 Comprehensive Background Checks 126
5.8 Exemptions for Relative Providers 138

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce **138**
6.1 Supporting the Child Care Workforce 139
6.2 Professional Development Framework 142
6.3 Ongoing Training and Professional Development 147
6.4 Early Learning and Developmental Guidelines 149

7 Quality Improvement Activities **150**
7.1 Quality Activities Needs Assessment 151
7.2 Use of Quality Set-Aside Funds 152

DRAFT

8 Lead Agency Coordination and Partnerships to Support Service Delivery 155
8.1 Coordination with Partners to Expand Accessibility and Continuity of Care 155
8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds 161
8.3 Coordination with Child Care Resource and Referral Systems 164
8.4 Public-Private Partnerships 165
8.5 Disaster Preparedness and Response Plan 165

9 Family Outreach and Consumer Education 167
9.1 Parental Complaint Process 167
9.2 Consumer Education Website 168
9.3 Increasing Engagement and Access to Information 174
9.4 Providing Information on Developmental Screenings 178

10 Program Integrity and Accountability 179
10.1 Effective Internal Controls 180
10.2 Fraud Investigation, Payment Recovery, and Sanctions 185

Appendix 1: Lead Agency Implementation Plan 198
Appendix 1: Form 199

DRAFT

Overview

Introduction

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

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

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

Organization of Plan

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

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

DRAFT

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

DRAFT

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

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

1.1.1 Designated Lead Agency

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

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: *Department of Early Education & Care*

   ii. Street Address: *50 Milk Street Fl 14*

   iii. City: *Boston*

   iv. State: *Massachusetts*

   v. ZIP Code: *02109*

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

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: *Amy*

   ii. Lead Agency Official Last Name: *Kershaw*

   iii. Title: *Commissioner*

   iv. Phone Number: *617-988-6600*

   v. Email Address: *Amy.Kershaw2@mass.gov*

1.1.2 CCDF Administrator

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

DRAFT

identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: *Tyreese*

   ii. CCDF Administrator Last Name: *Nicolas*

   iii. Title of the CCDF Administrator: *Deputy Commissioner Family Access & Engagement*

   iv. Phone Number: *617-988-7812*

   v. Email Address: *tyreese.nicolas3@mass.gov*

b. CCDF Co-Administrator contact information (if applicable):

   i. CCDF Co-Administrator First Name: *Amanda*

   ii. CCDF Co-Administrator Last Name: *Sakaguchi*

   iii. Title of the CCDF Co-Administrator: *Chief Financial Officer*

   iv. Phone Number: *617-988-6618*

   v. Email Address: *amanda.sakaguchi@mass.gov*

   vi. Description of the Role of the Co-Administrator: *Share CCDF administration responsibilities to ensure that EEC follows regulations with fidelity.*

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

☒ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

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

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

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

ii. Sliding-fee scale is set by the:

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

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

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

iv. Licensing standards and processes are set by the:

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

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

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

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

☐ State or Territory.

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

☐ Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*

vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level: *Click or tap here to enter text.*

1.2.2 Entities implementing CCDF services

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

DRAFT

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R
Who conducts eligibility determinations?	☒	☒	☐	☒
Who assists parents in locating child care (consumer education)?	☒	☒	☐	☒
Who issues payments?	☒	☐	☐	☒
Who monitors licensed providers?	☒	☐	☐	☐
Who monitors license-exempt providers?	☒	☐	☐	☐
Who operates the quality improvement activities?	☒	☐	☐	☐

Other. List and describe any other State or Territory agencies or partners that implement or perform CCDF services and identify their responsibilities. *The child protective service agency, Department of Children and Families (DCF), determines eligibility for child care financial assistance for families with an open DCF case through a closed referral process to the Child Care Resource and Referral agency or a contracted early education and care provider. The referral acts as an authorization for child care for a period of 12 months. The parent or caregiver must provide proof of identity of the parent/caregiver listed on the referral to the CCRR or contracted provider to complete the eligibility process. Once identity is verified the child care is authorized for a period of 12 months.*

1.2.3 Written agreements and oversight

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

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

a. Tasks to be performed.

☒ Yes. If yes, describe: *As outlined in EEC's written agreements, EEC will complete child care financial assistance desk reviews for the TANF agency, Department of Transitional*

Assistance (DTA) and the protective service agency, Department of Children and Families (DCF). Each agency will provide EEC with a random sampling of approved child care referrals as identified by EEC. The cases will be reviewed for proof of citizenship or legal status eligibility for DCF cases. DTA cases will be reviewed for citizenship, income and residency. Additionally, DTA and DCF will regularly share child care caseload data with EEC for analysis, caseload management and TANF claiming.

☐ No. If no, describe: *Click or tap here to enter text.*

b. Schedule for completing tasks.

☒ Yes. If yes, describe: *Caseload data will be shared biweekly for referral and caseload management and monthly for TANF claiming and other financial reporting. Desk reviews will occur annually.*

☐ No. If no, describe: *Click or tap here to enter text.*

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

☒ Yes. If yes, describe: *EEC incurs the expenditures for all child care services, even for children who are referred for child care services by DCF and DTA. Children who are authorized for financial assistance are categorized by service need. On a monthly basis, EEC evaluates the expenditures of the previous month to determine the most appropriate funding stream for federal reimbursement or to keep the funding of the expenditures on state funded dollars. The written agreements between EEC, DTA, and DCF outline that any expenditure claimed against CCDF funding streams will not be used for other federal funding streams (prevention of "double dipping"). In addition, expenditures that are identified to be claimed by DCF or DTA directly through their Executive Office of Health and Human Services Federal Revenue Unit for federal reimbursement will not be claimed against CCDF funding streams.*

☐ No. If no, describe: *Click or tap here to enter text.*

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

☒ Yes. If yes, describe: *EEC will use caseload data to measure number of child care referrals issued and number of child care placements for each agency to assess performance.*

☐ No. If no, describe: *Click or tap here to enter text.*

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. *Through bi-monthly meetings with DTA and DCF, EEC ensures CCDF is being administered properly. These meetings serve as a regular checkpoint to address any child care challenges as it relates to policies and procedures or administration of CCDF.*

1.2.4 Information systems availability

Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public

DRAFT

agencies? This includes public agencies in other States for their use in administering child care or related programs.

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

DRAFT

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: *EEC holds a biweekly meeting with our Commonwealth Preschool Partnership Initiative grantees and we used part of the April 9, 2024 meeting to share information about our state plan and how it aligns with our strategic objectives as an agency. We also shared information regarding where they can see the full draft and share feedback via our online feedback form. CPPI grantees include school district administrators, local government employees, and child care providers all partnering to expand access to preschool through a mixed-delivery model. We also used part of the EEC Advisory and Workforce Advisory Council meeting on March 7, 2024 to discuss the state plan and receive feedback. That meeting included general-purpose local government members such as state representatives and their designees, school district representatives, and a representative from the Massachusetts Association of School Superintendents.*

b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: *To engage with our state advisory council, we used part of the February 14, 2024 board meeting to share our timeline and ensure they understood what is required for the State Plan. We also used part of the March 7, 2024 EEC Advisory and Workforce Advisory Council meeting to share information about the CCDF State Plan process and how EEC's strategic objectives apply to the sections of the plan. Diverse stakeholders from across the state provided feedback during the meeting. Ahead of the EEC board meeting on June 12, 2024, we shared the state plan for the Board's review. At the June board meeting we provided a summary of the plan and stakeholder feedback. We also requested and received final approval of our plan before submitting to the OCC for review.*

c. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: *The CCDF co-administrator emailed the Wampanoag of Gay Head and Mashpee Wampanoag tribes on March 19, 2024.*

d. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: *We attended the MA Head Start Association Directors' Meeting on April 5, 2024 where we shared information on the latest draft of the state plan and specific topics relevant to Head Start organizations. We also fielded questions and shared information regarding where attendees could see the full draft state plan and share feedback via our online feedback form. The Advisory and Workforce meeting held on March 7, 2024 also included representatives from higher education, family child care providers, center-based providers, early education advocacy organizations, the state senate and a foundation.*

1.3.2 Public hearing process

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

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

i. Date of the public hearing: *May 22, 2024*

DRAFT

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

ii. Date of notice of public hearing: *May 2, 2024*

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. *The notice and registration link were posted to the EEC website. The posting included information on interpretation and ASL being offered for the public hearing. We also shared the Public Hearing on the Commissioner's mailing list.*

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: *The public hearing was held virtually in the evening so that a wide variety of people could participate outside of the workday and across the state. Also, translation was provided to ensure all attendees could participate.*

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): *The full draft plan was posted to the EEC State Plan website on May 6, 2024. We also developed a State Plan overview which was shared during our engagement sessions. This deck was posted to the website and translated into Spanish, Portuguese, Haitian Creole, and simplified Chinese.*

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: *Click or tap here to enter text.*

1.3.3 Public availability of final Plan, amendments, and waivers

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

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

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

i. ☒ Working with advisory committees. Describe: *EEC engaged the EEC Board and Advisory Councils in the development of our CCDF State Plan.*

ii. ☒ Working with child care resource and referral agencies. Describe: *CCRRs were engaged throughout the development of the plan through EEC's weekly CCRR meetings and provided feedback as it related child care access, provider outreach and referrals.*

iii. ☒ Providing translation in other languages. Describe: *EEC translated the overview presentation into Spanish, Portuguese, Haitian Creole, and simplified Chinese. We have not typically translated the full plan but will review the opportunity to do so in the future.*

iv. ☒ Sharing through social media (e.g., Facebook, Instagram, email). Describe: *Notification was sent via email to the commissioner's distribution list*

v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: *Whenever there are changes to EEC's policies and practices, EEC communicates with its two primary child care and legal advocacy groups by email, in person or virtual appearances and attendance at meetings.*

vi. ☐ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: *Click or tap here to enter text.*

vii. ☒ Direct communication with the child care workforce. Describe: *Any CCDF changes that impact policy and the child care workforce directly are sent to all providers via our policy advisory notification.*

viii. ☐ Other. Describe: *Click or tap here to enter text.*

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. ☒ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: *Families experiencing homelessness may receive a provisional authorization of 12 weeks in length while a family is gathering eligibility and/or service need verification documentation. This provisional authorization acts as presumptive eligibility and may only be used once in a 12-month period. At the end of the 12-week authorization, a 12-month authorization will be entered if all documentation has been received. If the documentation has not be received the authorization is ended.*

ii. ☒ Leveraging eligibility from other public assistance programs. Describe: *Families receiving support from the Department of Transitional Assistance (DTA) and the Department of Children and Families (DCF) are also eligible for child care financial assistance and can receive referrals directly from DTA and DCF. The referral by itself determines eligibility for child care financial assistance and the parent will only have to show proof of identity to confirm their eligibility to the CCRR or contracted provider administering the child care financial assistance. Additionally, families with children enrolled in Head Start will receive priority access on EEC's waitlist as well as families who may be enrolled in other financial assistance child assistance programs and their eligibility is ending.*

iii. ☒ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: *Families are able to apply for child care financial assistance for more than one child at a time.*

iv. ☐ Self-assessment screening tools for families. Describe: *Click or tap here to enter text.*

v. ☒ Extended office hours (evenings and/or weekends).

vi. ☒ Consultation available via phone.

DRAFT

vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: *EEC allows for different modes of eligibility determination which includes email, fax, no touch drop off, and in-person appointments. EEC has encouraged Family Access Administrators to allow for virtual authorization appointments and requires that they be sensitive to the different technology capabilities of parents and make accommodations as needed. EEC has also strongly encouraged Family Access Administrators to secure and use electronic signature software for parents to sign required documents.*

viii. ☐ None.

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

☐ Yes.

☒ No. If no, describe why an online application is impracticable. *EEC is diligently working on improving and modernizing the child care financial assistance system from regulations to policies and procedures including updating all forms and our technology systems. With these changes, EEC has been focused on first finalizing policy and procedures then moving towards updating our application to ensure alignment with the policies. The application has been updated and is now a fillable pdf that can be submitted electronically to Child Care Referral Agencies. This is step one to moving towards an online application which is a part of bigger technology system changes to come in the next couple of years.*

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

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

☐ No.

2.1.2 Preventing disruption of eligibility activities

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

i. ☒ Advance notice to parents of pending redetermination.

ii. ☒ Advance notice to providers of pending redetermination.

iii. ☐ Pre-populated subsidy renewal form.

iv. ☒ Online documentation submission.

v. ☐ Cross-program redeterminations.

vi. ☒ Extended office hours (evenings and/or weekends).

vii. ☒ Consultation available via phone.

viii. ☒ Leveraging eligibility from other public assistance programs.

ix. ☒ Other. Describe: *Parents are given the option of completing initial authorizations and reauthorizations virtually or in-person and families must be notified of the need to reauthorize 60 days in advance. EEC policy requires that Family Access Administrators create a process to exchange documents in a way that can be flexible for different parents' needs including, but not limited to, email, fax, and no-touch drop off. All CCRR's and some contracted providers utilize text messages to send reminders to families. Also, families working with CCRR's have the ability to submit re-determinations electronically via Adobe sign and in the upcoming 1-2 years, our families will have the ability to upload required verification documentation and apply electronically.*

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

☒ Yes. If yes, describe the policies: *Families receiving TANF are informed at least 60 days before the end of the expiring authorization. DTA confirms continued eligibility and sends a referral to the CCR&R. The CCRR then reaches out to the family to confirm that the information in the referral is correct. If yes, then the parent or caregiver signs the updated application and fee agreement. This can be completed electronically or in-person. Additionally, through monthly reporting EEC provides DTA with child care authorization end dates to ensure timely processing of reauthorizations.*

☐ No.

2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served

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

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

☒ Yes.

☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children. *Click or tap here to enter text.*

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

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

☐ No.

☒ Yes.

i. If yes, the upper age is (may not equal or exceed age 19): *Children must be under the age of 13 years or under the age of 16 years if the child has a disability to be eligible for child care financial assistance. When a child enrolled in the child care financial assistance program turns 13 years old, or 16 years if the child has a disability, during the current authorization, the child remains eligible for child care services until the end of the current authorization.*

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: *Section 1A of Chapter 15D of MGL defines a child with 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 extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

☒ No.

☐ Yes. If yes, and the upper age is (may not equal or exceed age 19): *Click or tap here to enter text.*

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

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

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

2.2.2 Eligibility criteria: reason for care

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

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

DRAFT

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

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

ii. ☒ Being self-employed.

iii. ☐ During a time of emergency or disaster, partnering in essential services.

iv. ☒ Participating in unpaid activities like student teaching, internships, or practicums.

v. ☐ Time for meals or breaks.

vi. ☒ Time for travel.

vii. ☒ Seeking employment or job search.

viii. ☒ Other. Describe: *We also include actively deployed military service, families experiencing or that have experienced domestic violence, families experiencing homelessness, retirement, parental leave, and applicants at age 65 or older.*

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

i. ☒ Vocational/technical job skills training.

ii. ☒ Apprenticeship or internship program or other on-the-job training.

iii. ☒ English as a Second Language training.

iv. ☐ Adult Basic Education preparation.

v. ☒ Participation in employment service activities.

vi. ☐ Time for meals and breaks.

vii. ☒ Time for travel.

viii. ☒ Hours required for associated activities such as study groups, lab experiences.

ix. ☐ Time for outside class study or completion of homework.

x. ☐ Other. Describe: *Click or tap here to enter text.*

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

i. ☒ Adult High School Diploma or GED.

ii. ☒ Certificate programs (12-18 credit hours).

iii. ☒ One-year diploma (36 credit hours).

iv. ☒ Two-year degree.

v. ☒ Four-year degree.

vi. ☐ Travel to and from classrooms, labs, or study groups.

vii. ☒ Study time.

DRAFT

viii. ☒ Hours required for associated activities such as study groups, lab experiences.

ix. ☐ Time for outside class study or completion of homework.

x. ☐ Applicable meal and break times.

xi. ☒ Other. Describe: *At reauthorization only, EEC allows a graduate program or advanced professional training to continue a previously authorized education or training service need is included in our definition of education.*

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

☐ No.

☒ Yes.

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

☒ Work. Describe: *Our regulations define a part-time service need as participation in an approved activity for an average of 20 hours, but less than 25 hours per week. A full-time service need is defined as participation in an approved activity for an average of 25 hours or more per week.*

☒ Job training. Describe: *Parents participating in education or job training with 10 credit hours or more will be considered full time. For parents participating in less than 10 credit hours, the actual credit hours shall be multiplied by 2.5 to establish a child care need. For accelerated semester schools, parents who participate in at least 8 hours but less than 10 hours per week will qualify as 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 programs 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.*

☒ Education. Describe*: 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.*

☒ Combination of allowable activities. Describe: *A family can combine service need activities to demonstrate a full-time or part-time service need. The two service needs may be combined to result in a full-time service need and a 12-month authorization.*

☐ Other. Describe*: Click or tap here to enter text.*

DRAFT

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

☒ Yes.

☐ No. If no, describe the additional work requirements: *Click or tap here to enter text.*

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

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

☐ No. If no, skip to question 2.2.3.

☒ Yes. If yes, answer the questions below:

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

☒ Children in foster care.

☒ Children in kinship care.

☐ Children who are in families under court supervision.

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

☐ Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

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

☒ Children experiencing homelessness.

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

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

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

☐ No.

☒ Yes.

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

☐ No.

☒ Yes.

DRAFT

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

☐ No.

☒ Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: *Click or tap here to enter text.*

☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits: *Click or tap here to enter text.*

☐ Other. Describe: *Click or tap here to enter text.*

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	*NA*	*NA*	*NA*
2	*$8,245*	*50%*	*$4,122*
3	*$10,184*	*50%*	*$5,092*
4	*$12,124*	*50%*	*$6,062*
5	*$14,064*	*50%*	*$7,032*

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

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

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

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

DRAFT

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

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
2	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
3	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
4	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
5	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
2	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
3	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
4	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
5	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*

iii. Region/locality that is most populous:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
2	*Click or tap here to enter*	*Click or tap here to enter text.*	*Click or tap here to enter text.*

DRAFT

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
	text.		
3	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
4	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*
5	*Click or tap here to enter text.*	*Click or tap here to enter text.*	*Click or tap here to enter text.*

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

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

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

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

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

i. ☒ Gross wages or salary.

ii. ☐ Disability or unemployment compensation.

iii. ☒ Workers' compensation.

iv. ☐ Spousal support, child support.

v. ☐ Survivor and retirement benefits.

vi. ☒ Rent for room within the family's residence.

vii. ☒ Pensions or annuities.

viii. ☒ Inheritance.

ix. ☐ Public assistance.

x. ☒ Other. Describe: *EEC includes spousal support and unemployment as but we do not include disability or child support as income for eligibility purposes. Lottery earnings, net rental income and dividend income from trusts/estates are also included as income.*

d. What is the effective date for these income eligibility limits? *The SMI chart was updated on 10/1/2023*

DRAFT

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?

☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: *https://www.acf.hhs.gov/sites/default/files/documents/ocs/COMM_LIHEAP_Att1SMITable_FY2024.pdf*

☐ Other. Describe: *Click or tap here to enter text.*

f. Provide the direct URL/website link, if available, for the income eligibility limits. *https://www.mass.gov/doc/ccfa-smi-income-eligibility-fy2024*

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

i. ☐ Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time: *Click or tap here to enter text.*

ii. ☒ Request earning statements that are most representative of the family's monthly income.

iii. ☐ Deduct temporary or irregular increases in wages from the family's standard income level.

iv. ☒ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: *EEC allows families to submit income documentation within the last 26 weeks that are most representative of their income. Families are allowed to do this at initial authorization and redetermination.*

2.2.6 Family asset limit

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

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.

DRAFT

☒ Yes. If yes, describe the policy or procedure: *Asset requirements are waived for all families meeting the homelessness service need as well as families referred by DTA and DCF.*

2.2.7 Additional eligibility criteria

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

a. ☒ Eligibility determination? If checked, describe: *Under regulations and policy, parents must supply documentation in order to determine eligibility before child care financial assistance may begin. Documentation for Initial Authorization includes documentation for proof of identity, Massachusetts residency, citizenship or immigration status of any child seeking child care financial assistance, gross household income, service need, relationship of the parent to all children and dependent relatives including all verification documentation and all required EEC forms. The initial income eligibility limit for families with a child with a disability and early education staff is set at 85% SMI. Early education staff must provide verification of the early education care program they work in as a part of initial eligibility. DCF and DTA initial eligibility determinations include proof of identity, DCF or DTA referral form and EEC required forms. DTA and DCF families are eligible for transitional child care up to 24 months after the case closure. During the first 12 months of transitional child care, required documentation includes proof of identity, referral form and EEC required forms. At the 2nd 12-month period, transitional documentation includes proof of identity (if not on file); referral form from DTA or confirmation of case closure date (if not on file); Massachusetts residency; gross household income, service need, relationship of the parent to all children and dependent relatives not listed on the DTA referral; and all required EEC forms.*

b. ☒ Eligibility redetermination? If checked, describe: *Documentation for reauthorization includes documentation for proof of: Massachusetts residency (only if the parent has moved), gross household income, service need including all required verification documentation and all required EEC forms. Documentation for DTA and DCF Reauthorizations includes the referral form and all required EEC forms. DTA and DCF families are eligible for transitional child care up to 24 months after the case closure. During the first 12 months of transitional child care, required documentation includes proof identity, referral form and EEC required forms. At the second 12-month period, transitional documentation includes proof of identity (if not on file); referral form from DTA or confirmation of case closure date (if not on file); Massachusetts residency; gross household income, service need, relationship of the parent to all children and dependent relatives not listed on the DTA referral; and all required EEC forms.*

2.2.8 Documentation of eligibility determination

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

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

DRAFT

Required at Initial Determination	Required at Redetermination	Description
☒	☐	Applicant identity. Describe how you verify: *EEC requires applicants to submit an original, valid photo identification, such as driver's license, passport, or school identification card. ID is not required at redetermination if it is already on file.*
☒	☐	Applicant's relationship to the child. Describe how you verify: *EEC requires applicants to submit documentation of each dependent child under 18, or under 24 if child is a full-time student, to verify relationship. Documentation includes birth certificates, hospital birth records, social security benefit records, court records or other relevant documents, or school records.*
☒	☐	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: *Documentation is required for each child seeking financial assistance that shows that the child is a U.S. citizen, a non-U.S. citizen national, or a qualified non-citizen individual, including birth certificates, passports, report of birth abroad, or immigration documentation. In addition, applicants must verify relationship and age of child*
☒	☒	Work. Describe how you verify: *Documentation verifying employment, which may consist of pay stubs, employment verification form or letter from employer, or completed self-employment packets, or tax documents.*
☒	☒	Job training or educational program. Describe how you verify: *EEC requires applicants to submit documentation verifying the program's schedule (hours, days/week and/or credits)*
☒	☒	Family income. Describe how you verify: *For earned income, EEC requires applicants to submit 4 out of the most recent 26 weekly pay stubs. If self-employed or an independent contractor, applicants may submit an employment verification form, a report of self-employment earnings form, copies of most recent federal tax returns, or work contract. For unearned income, copies of award letters (i.e., unemployment compensation, worker's compensation, retirement benefits, etc.), copies of court orders, other agreements (i.e., alimony), or a self-declaration statement may be submitted. Parents must also complete a Household Income Statement at each authorization and*

DRAFT

Required at Initial Determination	Required at Redetermination	Description
		reauthorization that details the various income types received
☒	☒	Household composition. Describe how you verify: *EEC requires applicants to report all household members.*
☒	☒	Applicant residence. Describe how you verify: *EEC requires applicants to submit documentation at initial authorization that must show that the applicant's current primary address is located within Massachusetts. Updated residency documentation is not required unless the family has moved.*
☐	☐	Other. Describe how you verify: *Click or tap here to enter text.*

2.2.9 Exception to TANF work requirements

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

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

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

i. "Appropriate child care": *Good cause may be given to a TANF client who has a work requirement if appropriate state-standard child care is totally unavailable, or unavailable during the client's hours of training or employment, including commuting time, or arrangements for child care have ended, been or not yet been made due to no fault or delay of the client. Care considered is state- child care which is licensed or is exempt from licensure. Factors considered in determining whether care is appropriate will include recommendations of the Department of Early Education and Care or what a reasonable and responsible parent would consider in deciding whether a child care slot is appropriate, including the time needed to travel to and from the child care provider and the client's home, work or other activities.*

ii. "Reasonable distance": *Good cause may be given to a TANF client who has a work requirement if appropriate state-standard child care is totally unavailable, or unavailable during the client's hours of training or employment, including commuting time. Care considered is state - child care which is licensed or is exempt from licensure. Factors considered in determining whether care is appropriate will include recommendations of the Department of Early Education and Care or what a reasonable and responsible parent would consider in deciding whether a child care slot is appropriate, including the time needed to travel to and from the child care provider and the applicant's or client's home, work or other activities.*

iii. "Unsuitability of informal child care": *Good cause may be given to a TANF client who has a work requirement if appropriate state-standard child care is totally unavailable. Care considered is state - child care which is licensed or is exempt from licensure. Factors considered in determining whether care is appropriate will include recommendations of the Department of Early Education and Care or what a reasonable and responsible parent would consider in deciding whether a child care arrangement is appropriate.*

iv. "Affordable child care arrangements": *Families who are in receipt of TANF and eligible for child care do not have a copay when using a child care financial assistance authorization. Good cause may be given to TANF client who has a work requirement if appropriate state-standard child care is totally unavailable, or unavailable during the client's hours of training or employment, and therefore able to utilize the CCFA authorization to cover the cost of care.*

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

i. ☒ In writing

ii. ☒ Verbally

iii. ☐ Other. Describe: *Click or tap here to enter text.*

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

a. "Children with special needs." *EEC uses Section 1A of Chapter 15D of MGL definition which states that a child with special needs is a child who, because of temporary or permanent disabilities arising from intellectual, sensory, emotional, physical, or environmental factors, or other specific learning disabilities, is or would be unable to progress effectively in a regular school program.*

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).*

2.3.2 Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	☒	☐	☐	☐	☐	☐ Describe: *NA*
Families with very low incomes	☐	☐	☒	☐	☒	☐ Describe: *NA*
Children experiencing homelessness, as defined by CCDF	☒	☐	☒	☐	☒	☐ Describe: *NA*
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	☒	☒	☒	☐	☒	☐ Describe: *NA*

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

☐ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: *EEC also prioritizes families referred by the Department of Children and Families (DCF), domestic violence, families with a parent younger than 24 years old, a caretaker who is a legal guardian (including a grandparent), a parent who is actively deployed in the military, a parent who is working in an early education and care program, families with a parent with a disability, including parents participating in substance abuse treatment and/or rehabilitation and parents who have a child enrolled in Head Start and need full day wrap around care. Additionally, EEC prioritizes access to child care for families at-risk of receiving protective services by expediting the waitlist process.*

2.3.3 Enrollment and grace period for children experiencing homelessness

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

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

DRAFT

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

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: *Verification of eligibility for families experiencing homelessness must be processed even when all documentation required to make an eligibility determination has not yet been provided. Families experiencing homelessness will receive presumptive eligibility and are issued a 12-week provisional authorization in which to provide all documentation needed to verify eligibility for child care financial assistance. If, after full documentation is provided and a family experiencing homelessness is found to be ineligible, child care financial assistance may be subject to termination.*

b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

   i. Provide the policy for a grace period for:

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

      Children who are in foster care: *DCF involved families are granted up to six (6) months from the date of their child's admission into a child care program to obtain the child's medical records. As a part of their case services, DCF then works with the child's caregiver to obtain medical records and comply with all requirements within the 6-month time period.*

   ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

      ☒ Yes.

      ☐ No. If no, describe: *Click or tap here to enter text.*

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

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

DRAFT

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

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

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).

ii. ☒ Informational materials in languages other than English.

iii. ☒ Website in languages other than English.

iv. ☒ Lead Agency accepts applications at local community-based locations.

v. ☒ Bilingual caseworkers or translators available.

vi. ☒ Bilingual outreach workers.

vii. ☒ Partnerships with community-based organizations.

viii. ☒ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. ☒ Home visiting programs.

x. ☒ Other. Describe: *EEC staff and family access administrators have access to telephonic and written translation services to better serve families whose first language is not English. EEC translates most materials in 14 languages. EEC has worked with the Massachusetts Office of Refugees and Immigrants to create the list of most common spoken languages for our subsidy families and, subject to available funding, EEC has dedicated resources for the translation of documents into these primary languages. Outreach is conducted in community-based locations across the state and home visiting programs share information with families.*

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

i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. ☐ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. ☒ Ensuring accessibility of environments and activities for all children.

v. ☒ Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. ☐ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

DRAFT

vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

DRAFT

ix. ☒ Other. Describe: *EEC provides families with information through the Child Care Resource and Referral Agencies, Mass211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. In addition to providing information about child care options, they may also provide information on comprehensive support such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Partners include all of the entities listed above as well as Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, Department of Transitional Assistance, the Department of Children and Families, and the Massachusetts Commission for the Deaf and Hard of Hearing. Information may be provided in-person, via telephone, through online resources, or in print. Parents with disabilities are included in the Commonwealth's definition of "protective services" and may qualify for CCDF child care financial assistance without participating in an approved activity for up to two years upon approval by EEC. Early Childhood Mental Health (ECMH) consultation programs provide consultation services to adults engaging with children and families to address and support the social emotional development and behavioral health of children in early education and care and out-of-school time settings. The early childhood mental health consultation services funded by the Department of Early Education and Care's (EEC) Mental Health Consultation Grant are available state-wide and may be accessed by the entire mixed delivery system, including children receiving CCDF. ECMH consultants also provide support and guidance to programs, educators, and families to address the developmental, emotional, and behavioral challenges of infants and young children to ensure healthy social-emotional development, reduce the suspension and expulsion rate in early education and care settings, and promote school success. EEC established a dedicated webpage for families, providers and the general public to obtain information on ECMH: www.mass.gov/eec/ecmh. This website describes the scope of ECMH services available, as well as a listing of the current ECMH grantees and resources. The consultation services offered through the FY2020 Mental Health Consultation Grant include mental health supports, strategies, and services that address the developmental, emotional, and behavioral challenges of infants and young children and their families to promote school success, ensure healthy social emotional development, and reduce the suspension and expulsion rate in early education and care settings. The child care licensing regulations establish requirements related to requests for reasonable accommodations for any child enrolled in an early education program subject to EEC licensure. For children receiving CCDF with 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 child with disabilities/special needs receiving child care financial assistance with disabilities/special needs. Appropriate fund use may include consultation to identify necessary support for the child, training for program staff, specialized equipment, or a temporary aide position to enhance staffing. This funding is temporary as programs are expected to integrate any funded accommodations into its regular practice and budget. Through funding from DESE and an Interagency Service Agreement from EEC to DPH's Regional Consultation Program (RCPs,) resources are available to families to facilitate transitions from Early*

Intervention to Early Education and Care Programs and to support children eligible for Special Education Services. In addition, the RCPs support children with disabilities and their families who participate in Early Education and Care programs in an ongoing way.

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. ☒ 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. Describe: *EEC accepts applications at six community-based locations across the Commonwealth and partners closely with scores of other family-serving organizations, many of whom work closely with unhoused families. EEC allows families experiencing homelessness to be granted a provisional authorization to access child care if the parent(s) is/are unable to submit complete income verification at the time of the initial assessment. EEC's Coordinated Family and Community Engagement (CFCE) grantees work directly with homeless families in their community, shelters and hotels across the state. Lastly, EEC contracts directly with MA statewide 2-1-1 to provide early education and care information and referral services including priority status placement on our statewide waitlist for homeless families. Lastly, through the use of contracts, we are able to secure dedicated child care slots for families experiencing homelessness.*

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. *EEC works in partnership with the Massachusetts Office of the Child Advocate and the Center for Well-Being and Trauma to provide trauma informed training with a focus on families experiencing homelessness for all Family Access administrators (CCRRs and contracted providers) and EEC grantees (Coordinated Family and Community Engagement, Early Childhood Mental Health, Head Start). These trainings are offered in three sessions which include Supporting Traumatized Children and Families Affected by Displacement, Trauma-Informed Care: The Ways you Support Matters, and Caring for the Caregivers: Mitigating Traumatic Stress Traumatized. In addition, to required trainings on Massachusetts Family engagement Framework https://www.doe.mass.edu/sfs/family-engagement-framework.pdf and family and child engagement reflective practice. EEC also participates on local and state level taskforces working to better serve the needs of homeless families.*

DRAFT

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. *All staff working within EEC's Family Access and Engagement unit are required to participate and engage in trainings in trauma informed care, Massachusetts Family Engagement Framework and family and child engagement reflective practice including all trainings EEC requires Family Access administrators to attend. Additionally, EEC meets bi-monthly with the state's housing agency Executive Office of Housing and Livable Communities to address any child care or agency coordination issues.*

2.5 Promoting Continuity of Care

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

2.5.1 Children's development

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

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

c. Are the policies different for redetermination?

☒ No.

☐ Yes. If yes, provide the additional/varying policies for redetermination: *Click or tap here to enter text.*

2.5.3 Job search and continued assistance

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

i. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: *Parents that cannot confirm a valid service need at initial authorization or reauthorization are eligible for a 12-week Provisional to seek and certify a valid service need.*

ii. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: *Parents that cannot confirm a valid service need at initial authorization or reauthorization are eligible for a 12-week Provisional to seek and certify a valid service need.*

iii. ☐ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

DRAFT

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

☒ Yes. The Lead Agency continues assistance.

☐ No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: *Click or tap here to enter text.*

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: *Click or tap here to enter text.*

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? *Click or tap here to enter text.*

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. ☐ Not applicable.

ii. ☐ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: *Click or tap here to enter text.*

iii. ☒ A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: *The Family Access Administrator must verify, through documentation in accordance with EEC policy, that families seeking child care assistance reside in a Massachusetts household because financial assistance administered by EEC is available only to residents of the Commonwealth of Massachusetts.*

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: *Substantiated Fraud - Intentionally providing false or misleading information or documentation to EEC or a Family Access Administrator for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance, that has been verified as false or misleading by EEC or Family Access Administrator; or the intentional concealing or withholding of information for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance as determined by the Bureau of Special Investigations (BSI). Intentional Program Violations (IPV): If a parent is determined to have committed a second IPV, then the parent shall be disqualified from eligibility for a period of 12 months from the date of*

DRAFT

termination. After that time the parent is eligible to return to the waitlist in accordance with 606 CMR 10.04 or, pursuant to the applicable referral, in accordance with 606 CMR 10.05 and 10.06. If a parent is determined to have committed a third IPV, then the parent shall be disqualified from eligibility for a period of 24 months from the date of termination. After that time the parent is eligible to return to the waitlist in accordance with 606 CMR 10.04 or, pursuant to the applicable referral, in accordance with 606 CMR 10.05 and 10.06. If a parent is determined to have committed a fourth or more IPV, or a Substantiated Fraud, the parent shall be disqualified from eligibility until any debt resulting from the Substantiated Fraud is repaid or for a period of 36 months from the date of termination, whichever is greater. After that time the parent is eligible to return to the waitlist in accordance with 606 CMR 10.04 or, pursuant to the applicable referral, in accordance with 606 CMR 10.05.

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

☐ Yes.

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

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

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

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

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

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

a. ☐ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

DRAFT

b. ☒ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: *EEC child care financial assistance regulations and policies require families to enter the system at or below 50% of SMI and allow families whose incomes have increased at the time of reassessment to remain financially eligible provided that the total household income does not exceed 85% of SMI. Families with a child with a disability and early education staff enter the system at 85% or below and remain financially eligible provided that the total income does not exceed 85%. Any family whose income exceeds 85% during a 12-month authorization period will remain eligible until the end of the authorization. EEC uses state funds to continue child care assistance for these families.*

i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: *Click or tap here to enter text.*

ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*

c. ☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three: *Click or tap here to enter text.*

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: *Click or tap here to enter text.*

iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: *Click or tap here to enter text.*

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: *Click or tap here to enter text.*

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

vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*

DRAFT

3 Child Care Affordability

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

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

3.1 Family Co-payments

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

3.1.1 Family co-payment

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

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? *The most that any family can be charged for a copayment as a percentage of their income is 11.9%. This figure is based on a family of two that has recertified with a maximum income of $7,008 per month*

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

☒ Yes.

☐ No. If no, describe how the sliding fee scale is set: *Click or tap here to enter text.*

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

	A	***B***	***C***	***D***	***E***	***F***
Family Size	Lowest income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
2	*$1,644*	*$.04*	*0%*	*$4,122*	*$233.03*	*5.7%*
3	*$2,073*	*$.04*	*0%*	*$5,092*	*$283.88*	*5.6%*
4	*$2,501*	*$.04*	*0%*	*$6,062*	*$334.83*	*5.5%*
5	*$2,929*	*$.04*	*0%*	*$7,032*	*$385.78*	*5.5%*

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

d. Provide the link(s) to the sliding-fee scale(s): Parent Fee Table *(downloadable file)*

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

☒ No.

☐ Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: *Click or tap here to enter text.*

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: *Click or tap here to enter text.*

DRAFT

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

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

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

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

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

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

☐ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: *Click or tap here to enter text.*

☐ Other. Describe: *Click or tap here to enter text.*

ii. ☒ The fee is a percent of income and (check all that apply):

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

☒ The fee is per child, and a discounted percentage is applied for two or more children.

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

☐ No additional percentage is charged after a certain number of children.

☐ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: *Click or tap here to enter text.*

☒ Other. Describe: *All families below 100% of the Federal Poverty Level (FPL) pay no fees. For all families above 100% of the FPL, fees are based on the amount of income above the FPL for their household size. EEC removed SSI, SSDI, Veteran's Disability Benefits and TAFDC as countable income when determining eligibility and the family's gross income.*

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

☐ No.

☒ Yes.

If yes, check and describe those additional factors below:

DRAFT

i. ☐ Number of hours the child is in care. Describe: *Click or tap here to enter text.*

ii. ☐ Quality of care (as defined by the Lead Agency). Describe: *Click or tap here to enter text.*

iii. ☒ Other. Describe: *Fee levels are based on full time or part time care. Parents receiving part time care, including after school care, are charged a 50% fee.*

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. ☒ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. ☒ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. ☐ Other. Describe: *Click or tap here to enter text.*

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

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

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

i. ☒ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. ☐ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. ☒ Families experiencing homelessness.

iv. ☐ Families with children with disabilities.

v. ☐ Families enrolled in Head Start or Early Head Start.

vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: *Parent co-payments are waived for children who are living with a caregiver/guardian.*

vii. ☒ Families meeting other criteria established by the Lead Agency. Describe the policy: *Parent co-payments are waived for families with open DTA and DCF cases, as well as families whose DTA and/or DCF case has closed during the 1st 12 months of case closure.*

DRAFT

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

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

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

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

4.1 Access to Full Range of Provider Options

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

4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: *In our 2022 Market Rate Survey, providers could report that they faced one or more of seventeen potential barriers to participating in the subsidy system. The most prevalent barrier reported was that the provider's capacity was already filled with private pay families. Insufficient payment rates ranked the second most reported reason for non-participation. The survey data suggest that there are many barriers beyond payment rates that, if addressed, could significantly increase the percentage of providers willing to accept subsidies. Other barriers include: 'program has a long waitlist of private pay families', 'too much administrative work involved', 'no demand for subsidized care the program's area', and 'I don't know enough about EEC's subsidy program to participate'.*

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

☒ Yes.

☐ No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

☒ Yes.

☐ No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: *Families are informed of their options at various steps of obtaining a voucher (certificate). When a family is placed on the waitlist, they are informed of the different providers available and asked if they have a preference. When funding is offered and the family is authorized for care, the Family Access Administrator will discuss the various providers that are available with the family. Once the family has chosen a provider who accepts child care financial assistance, the family will be counseled that the voucher (certificate) is not linked to a specific provider and the parent can choose any provider who accepts child care financial assistance. They are able to transfer their voucher (certificate) to another provider by giving 2-weeks notice during their authorization period. Consumer education materials on choosing a child program and family workshops are available at the local CCRR as well as on the CCRR website and EEC's family hub at https://www.mass.gov/child-care-financial-assistance.*

e. Describe what information is included on the child care certificate: *A certificate, called a voucher or Fee Agreement for contracted providers, details parent contact information, provider contact information, placement details (including child's schedule and authorized dates), one or two-way transportation, and parent co-payment information.*

4.2 Assess Market Rates and Analyze the Cost of Child Care

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

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

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance

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

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

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

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

a. ☐ Market rate survey.

   i. When were the data gathered (provide a date range; for instance, September – December 2023)? *Click or tap here to enter text.*

b. ☒ ACF pre-approved alternative methodology.

   i. ☐ The alternative methodology was completed.

   ii. ☒ The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed? *Click or tap here to enter text.*

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

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). *On January 5, 2024, EEC received OCC approval to use a cost-informed alternative methodology to set payment rates by no later than July 1, 2025. As an update, EEC is in the process of procuring a contract to work with an external contractor to update, refine, and expand EEC's current cost estimation models. We anticipate that plan refinement, data*

collection, data analysis, ongoing reporting, and stakeholder engagement will occur throughout the remainder of the 2024 calendar year. The plan is for further planning and protocol development to take place during the spring of 2024, and for data collection and data analysis to take place during the spring and summer of 2024. Stakeholder engagement will take place throughout the process, and at a minimum will occur during the design, data collection and analysis, and findings and reporting stages. EEC intends to complete the alternative methodology process by the end of the 2024 calendar year, with new rates approved as soon as the fall of 2024 and no later than July 1, 2025. A more detailed estimated timeline is provided below.

***-March 2024**: EEC provides update and seeks preliminary input on alternative methodology plan from EEC's Advisory and Workforce Councils and EEC's Board.*
***-April/May 2024**: Contractor finalizes project workplan and develops research protocols.*
***-May/June 2024**: Contractor and EEC seek additional input on design from various stakeholders.*
***-May 2024 – October 2024**: Contractor collects and analyzes data from EEC and other sources and refines cost model assumptions/model structure.*
***-June 2024**: Contractor seeks input on cost model assumptions from EEC's Advisory Council and EEC's Board as well as through individual/group engagement sessions led by the contractor.*
***-July 2024 – October 2024**: Contractor prepares memo which includes recommendations for using findings to adjust rates should funding be available.*
***-September 2024**: Contractor seeks input on cost model outputs/findings from EEC's Advisory Council as well as through individual/group engagement sessions led by the contractor. Contractor shares findings from revised models with EEC Board for input and discussion.*
***-September 2024:** EEC develops proposal for FY25 rate increase/adjustments based on cost model findings.*
***October/November:** EEC presents proposal for FY25 rate increases/adjustments to EEC Board, should funding be available.*
***November/December:** EEC Board votes on adjustments to rates using alternative methodology, if appropriate and pending available resources*

c. Consultation on data collection methodology.

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

i. State Advisory Council or similar coordinating body: *As a part of implementing the pre-approved alternative methodology plan, in 2024, EEC and the external contractor will engage existing stakeholder groups, including the EEC Board which serves as the State Advisory Council for this plan, to gather feedback at multiple stages of the process. In the spring of 2024, EEC and the external research partner will seek input from the EEC Board on the project design and detailed workplan. Throughout 2024, EEC and the external research partner will seek input from both the EEC Board on the cost model assumptions and findings.*

DRAFT

ii. Local child care program administrators: *As part of implementing the pre-approved alternative methodology plan, EEC and/or the external research partner will engage program administrators through group sessions, individual sessions, and other modes of input to get feedback on the project design, cost model assumptions, and outputs of the model during the spring and summer of 2024.*

iii. Local child care resource and referral agencies: *As part of implementing the pre-approved alternative methodology plan, EEC and/or the external research partner will solicit input from child care resource and referral agencies on the project design, cost model assumptions, and outputs of the model during the spring and summer of 2024.*

iv. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: *As part of developing and executing the alternative methodology, EEC and/or the external research partner will solicit input from child care provider associations and child care provider networks on the project design, cost model assumptions, and outputs of the model during the spring and summer of 2024.*

v. Other. Describe: *NA*

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i. When was the market rate survey completed? *EEC's last market rate survey was completed in 2022. EEC was approved to move forward with using an alternative methodology for this state plan so did not conduct another market survey in 2023-24.*

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? *NA*

iii. Describe how it represented the child care market, including what types of providers were included in the survey: *NA*

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? *NA*

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? *NA*

vi. What is the percent of licensed or regulated child care centers responding to the survey? *NA*

vii. What is the percent of licensed or regulated family child care homes responding to the survey? *NA*

viii. Describe if the survey conducted in any languages other than English: *NA*

ix. Describe if data were analyzed in a manner to determine price of care per child: *NA*

DRAFT

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: *NA*

e. Price variations reflected.

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

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. *The pre-approved alternative methodology will update, refine and expand cost models that reflect geographic variation across different regions.*

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). *The pre-approved alternative methodology will reflect at least two program types: center-based and family child care programs. As part of developing and refining the cost models, costs for informal child care (also known as Family, Friend, and Neighbor Care) will also be explored. The alternative methodology will also pay particular attention to before and after school programming costs, which could lead to creating a separate cost model for this program type.*

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): *The pre-approved alternative methodology will reflect costs associated with serving different ages of children including infants, toddlers, preschoolers, and school age children.*

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: *In addition to variations in cost by region, program type, and child age, the pre-approved alternative methodology will also take into account variations such as licensed capacity, enrollment, and program size. The cost estimation models will also account for key indicators of program quality such as staff compensation, benefits, and professional supports such as planning time. As noted above, the alternative methodology will also aim to explore the unique costs associated with informal child care and before and after school programs.*

4.2.2 Cost analysis

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

DRAFT

pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

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

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? *As noted above, EEC was approved to use a cost-informed alternative methodology for setting rates for the FFY 2025-27 state plan and will be implementing the alternative methodology in 2024-25. EEC's prior narrow cost analysis was completed and reported on in 2022. EEC is in the midst of procuring a contract with a research organization to update, refine, and expand existing cost estimation models developed in 2022-23. The updated models will meet and exceed the requirements of the narrow cost analysis by modeling operating costs using a more comprehensive definition of higher quality that incorporates costs associated with a competitively compensated and professionally supported workforce.*

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? *EEC's cost estimation models will account for different program characteristics, including geographic location, program type, and age of children served.*

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? *As part of implementing the pre-approved alternative methodology, EEC will determine the cost of care at a base level of quality by utilizing its robust licensing regulations including staffing ratios and group sizes as well as professional development expectations. EEC will also engage stakeholders to understand the staffing patterns commonly used to meet required staffing ratios in addition to analyzing EEC data from the Commonwealth Cares for Children (C3) program on group sizes and classrooms. Through C3, EEC also collects data on the highest and lowest wages reported by providers for certain roles such as FCC Assistants, Lead Teachers, and Center Directors. These data, along with any other available data from other sources, will continue to inform the salary assumptions in the cost models at the base level of quality.*

DRAFT

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). *As part of implementing the pre-approved alternative methodology, EEC's cost models will focus on the current cost of care given EEC's robust licensing standards as well as the cost at higher levels of quality including increased staff compensation, benefits, and professional supports. EEC is in the process of developing a new educator credentialing system to better identify and measure the competencies of educators and provide more structure around compensation increases. The credential will identify expected competencies for multiple levels of skills and compensation recommendations for each level. Information from the credentialling system and aligned compensation levels will be used to develop cost estimates associated with a higher level of quality when this information is available. The models will also account for quality indicators such as instructional supports, professional learning opportunities, and materials needed for quality interactions and instruction.*

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

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

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

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

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

i. Provide the date the report was completed: *As part of the pre-approved alternative methodology, EEC expects that a detailed final report will be completed and made public as soon as January 2025 and no later than July 2025.*

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): *NA*

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: *NA*

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: *NA*

4.3 Adequate Payment Rates

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

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

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

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

☒ Yes.

i. If yes, check if the Lead Agency:

☐ Sets the same payment rates for the entire State or Territory.

☒ Sets different payment rates for different regions in the State or Territory.

☐ No.

ii. If no, identify how many jurisdictions set their own payment rates: *Click or tap here to enter text.*

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). *2/1/24*

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? *daily rates were multiplied by 5*

4.3.2 Base payment rates

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

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

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

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

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	*$102.07 per day (most populous -mp) (Region 3) $119.52 per day (lowest percentile-lp) (Region 6)*	*100%*	*$510.35 – R3 $597.60 –R6*	*72.5 – R3 54.5 – R6*	*$463.05 – R3 $590 – R6*	*$485 – R3 $$623.35 – R6*	*$520 – R3 $732.1 – R6*	*NA*	*NA*

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Infants (6 months)	*$58.54 per day (mp) (R3) and (lp) (R5)*	*100%*	*$292.25 R3 and R5*	*76.3 – R3 58.5 – R5*	*$250 – R3 $275 – R5*	*$250 – R3 $300 – R5*	*$290 – R3 $300 – R5*	*NA*	*NA*
Center Care for Toddlers (18 months)	*$84.70 per day (mp and lp) (R3)*	*100%*	*$423.5 – R3*	*52.0 – R3*	*$409 – R3*	*$434.4 – R3*	*$485 – R3*	*NA*	*NA*
Family Child Care for Toddlers (18 months)	*$58.54 per day (mp) (R3) and (lp) (R5)*	*100%*	*$292.25 R3 and R5*	*76.3 – R3 58.5 – R5*	*$250 – R3 $275 – R5*	*$250 – R3 $300 – R5*	*$290 – R3 $300 – R5*	*NA*	*NA*
Center Care for Preschoolers (4 years)	*$57.99 per day (mp) (R3) $80.13 per day (lp) (R4)*	*100%*	*$289.95 – R3 $400.65 – R4*	*45.8 – R3 45.5 – R4*	*$302 – R3 $420 – R4*	*$325 – R3 $449 – R4*	*$369.5 – R3 $496.6 – R4*	*NA*	*NA*
Family Child Care for Preschoolers (4 years)	*$46.50 per day (mp) (R3) $54.33 per day (lp) (R4)*	*100%*	*$232.50 - R3 $271.65 - R4*	*59.3 – R3 32.8 – R4*	*$200 – R3 $320 – R4*	*$240 – R3 $350 – R4*	*$275 – R3 $380 – R4*	*NA*	*NA*
Center Care for School-Age (6 years)	*$50.62 per day (mp) (R3) $48.96 per day (lp) (R2)*	*100%*	*$253.1 - R3 $244.80 – R2*	*80.4 – R3 59.5 – R2*	*$215 – R3 $220 – R2*	*$223.95 – R3 $250 – R2*	*$245 – R3 $267 – R2*	*NA*	*NA*
Family Child Care for School-Age (6 years)	*$46.50 per day (mp) (R3) $54.33 per day (lp) (R4)*	*100%*	*$232.50 - R3 $271.65 - R4*	*59.3 – R3 32.8 – R4*	*$200 – R3 $320 – R4*	*$240 – R3 $350 – R4*	*$275 – R3 $380 – R4*	*NA*	*NA*

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

☒ Yes.

DRAFT

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

4.3.3 Tiered rates, differential rates, and add-ons

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

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

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

☐ No.

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

☐ Yes.

☒ No. Tiered or differential rates are not implemented.

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

i. ☐ Differential rate for non-traditional hours. Describe: *Click or tap here to enter text.*

ii. ☐ Differential rate for children with special needs, as defined by the Lead Agency. Describe *Click or tap here to enter text.*

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

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

v. ☐ Differential rate for higher quality, as defined by the Lead Agency. Describe: *Click or tap here to enter text.*

vi. ☐ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: *Click or tap here to enter text.*

vii. If applicable, describe any additional add-on rates that you have besides those identified above. *Click or tap here to enter text.*

DRAFT

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

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? *Moving forward, EEC intends to implement the pre-approved alternative methodology and analysis of gaps between costs and revenue to help determine which rates need to be adjusted to reflect gaps between expected revenues and the cost of delivering quality services. EEC may prioritize increasing rates for different age groups, regions, and/or provider types based on the findings from the alternative methodology and anticipates that this cost-informed approach will contribute to a more consistent, equitable, and simpler child care financial assistance rate structure. EEC is committed to increasing child care financial assistance rates by identifying the percentage of cost necessary to provide sufficient funding to programs to support them in increasing investments in quality care over time, contingent on available funding, and will monitor progress toward covering an increasing percentage of the cost of care over time. EEC intends to measure progress toward covering the cost of care by taking into account both child care financial assistance rates as well as other public revenue streams and will also continue to monitor and use information about the market and tuition costs for families to understand access to care. In 2023, EEC used both market rate data and findings from a comprehensive cost study, focusing on the cost of care to meet health, safety, and quality requirements under current licensing regulations, to inform a strategy for rate setting and transformational adjustments to the rate structure that was approved by the EEC Board for implementation this fiscal year (retroactive to July 1, 2023). The new rates and rate structure make significant progress on addressing long-standing inequities in rates amounts by geographic region and age group.*

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? *As noted above, EEC's current cost estimation models include focus on the cost of care to meet health, safety, quality, and staffing requirements under current licensing regulations by age group, program type, and region.*

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? *Moving forward, EEC will use findings from the alternative methodology to inform rate setting. As noted above, EEC will monitor progress toward covering an increasing percentage of the cost of care over time. EEC used both market rate data and findings from a comprehensive cost study to inform rate setting this fiscal year (retroactive to July 1, 2023). The prior fiscal year used information from a narrow cost analysis, along with the market rate survey, to inform rates.*

DRAFT

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? *Moving forward, EEC will use findings from the alternative methodology to inform rate setting; the cost estimation models will measure both the cost of care to meet health, safety, quality, and staffing requirements under current licensing regulations by age group, program type, and region, as well as the cost of higher quality care. EEC incorporated quality into the rates this fiscal year (retroactive to July 1, 2023) as well.*

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. *As noted above, EEC made significant progress in addressing long-standing geographic and age group inequities (particularly for infant and toddler care) in determining its payment rates in FY24. EEC also increased all rates to acknowledge increases in operational costs across the board.*

4.4 Payment Practices to Providers

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

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

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

4.4.1 Prospective and enrollment-based payment practices

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

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

☐ Yes. If yes, describe: *Click or tap here to enter text.*

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

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

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

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

☐ No, it is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: *Click or tap here to enter text.*

4.4.2 Other payment practices

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

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

☒ Yes.

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

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

☐ Yes. If yes, identify the fees the Lead Agency pays for: *Click or tap here to enter text.*

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

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: *Contracts held by providers directly with EEC outline the payment practices of EEC. If a provider holds a voucher agreement with a Child Care Resource and Referral agency, the voucher agreement will outline the payment practices. These agreements are signed on an annual basis. If there are any changes to a direct contract with a provider, EEC will issue an amendment to the contract.*

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: *Both parents and providers are issued the two-week notice of termination of child care financial assistance if a family's eligibility changes during a 12-month authorization period. Providers are notified through EEC's child care financial assistance management system when there are changes to any placements. Also, providers have access to view the end dates of all authorizations through EEC's child care financial assistance management system.*

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: *All disputes are reviewed by the Accounts Payable Unit. If it cannot be resolved by the Specialist, it will be escalated to the head of the unit for resolution. Disputes are responded to within one business day and most disputes are resolved within three to five business days.*

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

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? *EEC's payment practices support equal access to a range of providers by providing stability of funding and encouraging more child care providers to serve children receiving CCDF subsidies. For instance, EEC's payment practices ensure payment is promptly made, covers longer periods of times, and has prompt resolution of conflicts. Additionally, EEC also pays for 13 holidays/approved closure day and 5 professional development days as well as Emergency Closure days. EEC pays providers that accept financial assistance based on the child's enrollment, not based on attendance. Providers may close for three or fewer days for emergency related reasons without EEC approval and receive continued payment. EEC has a process to approve closures longer than 3 days. EEC also recently implemented two billing windows per month for voucher providers so that they have two opportunities to submit requests for payment.*

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

☒ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: *The Family Access Administrator reviews documents and counsels the family during intake about parent choice and their right to change providers, the family signs all documents to ensure they were counseled on their rights. EEC contracts with center-based child care programs, including school age programs, and with family child care systems for family child care services at affiliated licensed family child care homes to ensure that families have a variety of choices for care providers.*

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

☐ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: *Click or tap here to enter text.*

If no, skip to question 4.5.2.

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

☒ Children with disabilities. Number of slots allocated through grants or contracts: *EEC does not allocate grants or contracts specifically for this population, but we do serve children with disabilities through our voucher program.*

☒ Infants and toddlers. Number of slots allocated through grants or contracts: *EEC has allocated 5,235 contracted slots for infant and toddler populations including our family child care 'under 2' and 'over 2' contracts. We do not allocate grants/voucher slots.*

☒ Children in underserved geographic areas. Number of slots allocated through grants or contracts: *EEC does not allocate grants or contracts specifically for this population, but we do serve children in underserved geographic areas through our financial assistance program.*

DRAFT

☒ Children needing non-traditional hour care. Number of slots allocated through grants or contracts: *EEC does not allocate grants or contracts specifically for this population, but we do serve families needing non-traditional hours for care.*

☒ School-age children. Number of slots allocated through grants or contracts: *EEC has allocated 4,148 slots for school-age children. We do not allocate grants/voucher slots.*

☒ Children experiencing homelessness. Number of slots allocated through grants or contracts: *Within the infant/toddler and school-age populations, we have 642 contracted slots specifically allocated to homeless populations.*

☒ Children in urban areas. Percent of CCDF children served in an average month: *EEC does not allocate grants or contracts specifically for this population, but we do serve children in urban areas through our financial program.*

☒ Children in rural areas. Percent of CCDF children served in an average month: *EEC does not allocate grants or contracts specifically for this population, but we do serve children in rural areas through our financial assistance program.*

☒ Other populations. If checked, describe: *Within the infant/toddler, preschool and school-age populations, EEC allocates 366 contracted slots specifically to children of parents under 24 years of age and 4,516 contracted slots for families involved with the Department of Children and Families.*

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? *Rates for vouchers and contracted slots are determined by EEC's rate chart which is updated regularly as funding is granted by the legislature for increases.*

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

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

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

☒ Yes.

☐ No.

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

i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: *Click or tap here to enter text.*

ii. ☒ Restricted based on the in-home provider meeting a minimum age requirement. Describe: *In-home care providers must be at least 18 years of age.*

iii. ☒ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: *In-home care providers may not be reimbursed for more than 50 hours of child care services per week.*

iv. ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: *Click or tap here to enter text.*

v. ☐ Restricted to care for children with special needs or a medical condition. Describe: *Click or tap here to enter text.*

vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: *Click or tap here to enter text.*

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

4.5.3 Shortages in the supply of child care

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

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

a. In infant and toddler programs:

i. Data sources used to identify shortages: *EEC's Child Universal Success Platform (CUSP), which combines US Census, EEC agency licensing data and child-level financial assistance data, and public preschool data to model the supply and demand of early education and care*

ii. Method of tracking progress: *Dashboards and maps, built off of the CUSP data, that display child care deserts, supply and demand by age group and geography*

iii. What is the plan to address the child care shortages using family child care homes? *EEC will use this data to support our allocation of slots through the statewide contracts for child care financial assistance, allowing for concentration of funding in deserts to ensure sufficient supply and incentivize growth.*

iv. What is the plan to address the child care shortages using child care centers? *EEC will use this data to support our allocation of slots through the statewide contracts for child care financial assistance, allowing for concentration of funding in deserts to ensure sufficient supply and incentivize growth.*

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: *EEC's Child Universal Success Platform (CUSP), which combines US Census, EEC agency licensing data and child-level financial assistance data, and public preschool data to model the supply and demand of early education and care*

ii. Method of tracking progress: *Dashboards and maps, built off of the CUSP data, that display child care deserts, supply and demand by age group and geography*

iii. What is the plan to address the child care shortages using family child care homes? *EEC will use this data to support our allocation of slots through the statewide contracts for child care financial assistance, allowing for concentration of funding in deserts to ensure sufficient supply and incentivize growth.*

iv. What is the plan to address the child care shortages using child care centers? *EEC will use this data to support our allocation of slots through the statewide contract for child care financial assistance, allowing for concentration of funding in deserts to ensure sufficient supply and incentivize growth.*

c. In care for special populations:

i. Data sources used to identify shortages: *This is not being tracked at this time*

ii. Method of tracking progress: *This is not being tracked at this time*

iii. What is the plan to address the child care shortages using family child care homes? *This is not being tracked at this time*

iv. What is the plan to address the child care shortages using child care centers? *This is not being tracked at this time*

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

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

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

DRAFT

a. Underserved geographic areas. Describe: *The agency has worked with outside contractors to develop a database to model the supply and demand for early education and care statewide, with disaggregation by geography, age group, and family income. This database combines data from the US Census, the agency's licensing database, and child-level financial assistance data to help the agency better understand where existing supply meets demand and where gaps exist. The agency has also worked with external contractors to identify child care deserts—both overall deserts, financial assistance deserts, and deserts by age group. This data is allowing the agency to ensure investments are focused in areas identified, including the distribution of funding through contracts for child care financial assistance and equity adjustments to Commonwealth Cares for Children (C3) grants. Additionally, EEC manages a set of grants to school districts, the Commonwealth Preschool Partnership Initiative (CPPI), that support local efforts to coordinate and expand access to high quality preschool across all local program types serving preschoolers.*

b. Infants and toddlers. Describe: *EEC has worked with outside contractors to develop a database to model the supply and demand for early education and care statewide, with disaggregation by geography, age group, and family income. This database combines data from the US Census, the agency's licensing database, and child-level financial assistance data to help the agency better understand where existing supply meets demand and where gaps exist. We have also worked with external contractors to identify child care deserts—both overall deserts, financial assistance deserts, and deserts by age group. This data allow us to ensure investments are focused in areas identified, including the distribution of funding through contracts for child care financial assistance and equity adjustments to Commonwealth Cares for Children (C3) grants. The supply and demand modeling, as well as the child care desert identification includes specific breakdowns for infants and toddlers. Selection of contracted child care financial assistance slots will be partly guided by this information. C3 is also designed to provide greater funding for programs serving infants and toddlers through a staffing adjustment responsive to the lower child teacher ratios necessary.*

c. Children with disabilities. Describe: *EEC is in the process of implementing a data sharing agreement with the Department of Elementary and Secondary Education which will help EEC better understand the supply and demand for early education and care among children with disabilities. Although this data is not yet available, EEC provides Commonwealth Preschool Partnership (CPPI) grants to 28 districts across the state (largely focused on high need and Gateway communities) to support coordination and expansion of preschool access. A significant expectation of these grants is that districts understand where children with special needs are and are not being served and support families in accessing services across all program type, often through the provision of itinerant services.*

d. Children who receive care during non-traditional hours. Describe: *Through the Commonwealth Cares for Children (C3) Operational Grant process, EEC has collected information around whether providers offer care during non-traditional hours and is in the process of analyzing this information.*

DRAFT

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

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

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

5 Health and Safety of Child Care Settings

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

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

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or

Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

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

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

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

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

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

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

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

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

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

5.1.2 CCDF-eligible providers exempt from licensing

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

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. *Providers that are part of a public or private school system, care that is instructional in nature, such as a child enrolls for a particular class, care where the parent is in the classroom, occasional or drop-in centers or certain summer camps are exempt.*

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. *EEC does not license a program that is instructional where the child takes the lesson and then leaves, such as a religious school. If the care is occasional or drop-in, there is no licensing. This is defined as not attending more than 6 days/month in the center and for a maximum of 4 hours per day. Care is also exempt if the parent is in the room or close by, such as a religious service, where the parent is able to continue to provide parenting to the child, such as diaper change or emotional care. Certain summer camps are limited in time for the summer only and are regulated by the Commonwealth's Department of Public Health.*

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. *Programs that are part of a private or public school are required to meet the health and safety standards set by the MA Department of Elementary and Secondary Education and/or the municipality in which the program is located. The MA Department of Public Health sets the health and safety standards for summer camps and monitors these programs for compliance. The local board of health issues the camp permits and completes the inspection*

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. *EEC does not have license-exempt family child care providers.*

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. *EEC does not have license-exempt family child care providers.*

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. *EEC does not have license-exempt family child care providers.*

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

DRAFT

i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. *An informal child care (ICC) provider may be a neighbor or a friend of the parent who agrees to offer child care.*

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. *The ICC can care for up to five siblings in the children's home. No more than three of the five children may be under the age of two, provided that at least one child is fifteen months of age and walking independently. All other children shall be older than 24 months*

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. *EEC requires the ICC provider to obtain a background record check, complete the EEC Essentials Training and complete both CPR and First Aid training. Annual visits are conducted to review the ICC provider's adherence to Health and Safety standards.*

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

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

5.2.1 Age classifications

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

a. Infant. Describe: *0-15 months*

b. Toddler. Describe: *15-33 months*

c. Preschool. Describe: *33-60 months*

d. School-Age. Describe: *60+ months*

5.2.2 Ratio and group size limits

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

a. Licensed CCDF center-based care:

i. Infant.

Ratio: *1 educator for 3 infants, additional educator for 4th infant*

Group size: *max group size: 7 infants*

ii. Toddler.

Ratio: *1 educator for 4 toddler additional educator for 5th toddler*

Group size: *max group size: 9 toddlers*

DRAFT

iii. Preschool.

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

Group size: *max group size: 20 preschoolers*

iv. School-Age.

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

Group size: *max group size: 26 students*

v. Mixed-Age Groups (if applicable).

Ratio: *NA*

Group size: *NA*

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

i. ☒ Not applicable. There are no differences in ratios and group size requirements.

ii. Infant: *Click or tap here to enter text.*

iii. Toddler: *Click or tap here to enter text.*

iv. Preschool: *Click or tap here to enter text.*

v. School-Age: *Click or tap here to enter text.*

vi. Mixed-Age Groups: *Click or tap here to enter text.*

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: *NA*

Group size: *NA*

ii. Toddler (if applicable)

Ratio: *NA*

Group size: *NA*

iii. Preschool (if applicable)

Ratio: *NA*

Group size: *NA*

iv. School-Age (if applicable)

Ratio: *NA*

Group size: *NA*

v. Mixed-Age Groups

Ratio: *no more than 3 children younger than two-years-old in a group of 6 children with 1 educator, including at least one toddler who is walking*

DRAFT

independently. Additional children must be older than 24 months. No more than 10 children for 2 educators with no more than 6 children younger than two-years-old, including no more than 3 infants. No more than 10 children to 3 educators with no more than 6 infants. Additional children must be 15 months of age or older.

Group size: *max group size: 10*

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

☐ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. *Click or tap here to enter text.*

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

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

i. Infant (if applicable)

Ratio: *NA*

Group size: *NA*

ii. Toddler (if applicable)

Ratio: *NA*

Group size: *NA*

iii. Preschool (if applicable)

Ratio: *NA*

Group size: *NA*

iv. School-Age (if applicable)

Ratio: *NA*

Group size: *NA*

v. Mixed-Age Groups (if applicable)

Ratio: *NA*

Group size: *NA*

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

☐ No.

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

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

DRAFT

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

a. Licensed center-based care

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

DRAFT

process of developing a new credentialling system which will replace the current state.

DRAFT

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

was duplicative, given that EEC licensors already, and will continue to, review staff files to ensure staff meet these requirements during routine monitoring visits. The minimum hiring requirements process described for educators is also in place for directors.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: *All family child care educators must be at least 18 years of age. Prior to receiving their initial license to provide family child care, an applicant must submit evidence of current certification in basic first aid and CPR that is age appropriate for all of the children in care. In addition, an applicant for a license to care for six or fewer children must have at least the following: one year of experience as a parent; or one year of full-time experience, or the equivalent, in caring for children younger than 12 years of age; or nine months of full-time experience in caring for children younger than 14 years of age and completion of 15 hours of training, approved by the Department, not including the EEC educator orientation; or six months of fulltime experience in caring for children younger than 12 years of age and completion of 30 hours of training, approved by the Department, not including the EEC orientation; or qualification as a teacher or site coordinator by EEC. An applicant for a license to care for seven or eight children, at least two of whom must be school age, must have evidence of having completed within one year prior to application a pre-service training approved by the Department; and either: two years of experience as a family child care licensee or certified assistant; or one year of experience as a family child care licensee or certified assistant and one additional year caring for unrelated children in a group setting; or EEC certification as a teacher or site coordinator. An additional three credits in education or early childhood education may substitute for six months of the required additional experience. An additional six credits in education or early childhood education may substitute for nine months of the required additional experience. An applicant for a license to care for nine or ten children must have evidence of having completed within one year prior to application a five hour pre-service training approved by the Department and either: three years of experience as a family child care licensee or certified assistant, or one year of experience as a family child care licensee or certified assistant; and one of the following: two additional years caring for unrelated children in a group setting, which may include experience as a family child care licensee or certified assistant; EEC certification as a teacher or site coordinator and one additional year of experience caring for unrelated children in a group setting, which may include experience as a family child care licensee or certified assistant. An additional three credits in education or early childhood education may substitute for six months of the required additional experience. An additional six credits in education or early childhood education will substitute for nine months of the additional required experience*

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: *EEC does not license providers caring for children in the child's home (also known as informal child care providers).*

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

a. License-exempt center-based child care. *EEC does not monitor educator/provider qualifications and credentials for CCDF license-exempt child care programs and instead monitoring focuses on 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 staff member currently trained and certified in age-appropriate CPR and first aid must be on the premises at all times when children are present. For all funded programs, while all staff must complete medication administration trainings, the Program must ensure that at least one adult with training in medication administration is present at any and all times.*

b. License-exempt home-based child care. *NA*

c. License-exempt in-home care (care in the child's own home). *Non-relative informal child care providers must be at least 18 years of age or older and may not be a resident of the child's household. Prior to providing and being reimbursed for subsidized child care, the non-relative informal child care provider must complete EEC's background record check process, complete all applicable pre-service health and safety trainings (EEC Essentials) and required orientation, obtain current and valid CPR and first aid certification appropriate to the ages of children served, agree to annual monitoring visits from 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 agree to only provide subsidized care in the child's home.*

5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *The program must ensure that equipment, materials, items or surfaces (including floors, walls and clothing used for dramatic play) are washed with soap and water and disinfected as needed to maintain a sanitary environment. Educators must educate children about and promote hand washing procedures and health precautions. The program must ensure that educators and children wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health guidelines. Sinks used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation and food service. The program must follow exclusion policies for serious illnesses, contagious diseases, and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health. The program must notify all parents in accordance with the Department of Public Health recommendations when any communicable disease or condition has been introduced into the program. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The program must ensure that equipment, materials, items or surfaces (including floors, walls and clothing used for dramatic play) are washed with soap and water and disinfected as needed to maintain a sanitary environment. Educators must educate children about and promote hand washing procedures and health precautions. The program must ensure that educators and children wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health guidelines. Sinks used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation and food service. The program must follow exclusion policies for serious illnesses, contagious diseases, and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health. The program must notify all parents in accordance with the Department of Public Health recommendations when any communicable disease or condition has been introduced into the program. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

DRAFT

iv. All CCDF-eligible license-exempt center care. Provide the standard: *The program must ensure that equipment, materials, items or surfaces (including floors, walls and clothing used for dramatic play) are washed with soap and water and disinfected as needed to maintain a sanitary environment. Educators must educate children about and promote hand washing procedures and health precautions. The program must ensure that educators and children wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health guidelines. Sinks used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation and food service. The program must follow exclusion policies for serious illnesses, contagious diseases, and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health. The program must notify all parents in accordance with the Department of Public Health recommendations when any communicable disease or condition has been introduced into the program. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The care provider must educate children about and promote hand washing procedures and health precautions. The ICC must ensure that children wash their hands with liquid soap and running water, using friction. Sinks used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation. The ICC must follow the recommendations of the Department of Public Health regarding the use of insect repellents.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The program must ensure that equipment, materials, items or surfaces (including floors, walls and clothing used for dramatic play) are washed with soap and water and disinfected as needed to maintain a sanitary environment. Educators must educate children about and promote hand washing procedures and health precautions. The program must ensure that educators and children wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health guidelines. Sinks used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation and food service. The program must follow exclusion policies for serious illnesses, contagious diseases, and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health. The program must notify all parents in accordance with the Department of Public Health recommendations when any communicable disease or condition has been introduced into the program. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents.*

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

DRAFT

i. All CCDF-eligible licensed center care. Provide the standard: *The licensee must maintain an individual written record for each child that includes a physician's, nurse practitioner's, or physician assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health recommended schedules..*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The licensee must maintain an individual written record for each child that includes a physician's, nurse practitioner's, or physician assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health recommended schedules..*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard *The provider must maintain an individual written record for each child that includes a physician's, nurse practitioner's, or physician assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health recommended schedules.*:

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The program must maintain an individual written record for each child that includes a physician's, nurse practitioner's, or physician assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health recommended schedules.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The program must maintain an individual written record for each child that includes a physician's, nurse practitioner's, or physician assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health recommended schedules.*

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

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

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i. All CCDF-eligible licensed center care. Provide the standard: *: Programs serving infants must place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing. Programs caring for infants must ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas; ensure that cribs, porta-cribs, playpens or bassinets used for sleeping infants younger than 12 months of age do not contain pillows, comforters, stuffed animals or other soft, padded materials. Infants younger than 6 months of age at the time of enrollment must be under direct visual supervision at all times during the first 6 weeks they are in care, including while they are sleeping, falling asleep, and waking. Additional policy standards include: Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants must be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair. Co-sleeping is prohibited. Infants must not be placed to sleep or rest on an adult bed or sofa. Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing or weighted objects are prohibited. Infants must be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Infants must be evaluated for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the touch. Programs serving infants must avoid over-bundling and covering of the infant's face and head. Programs must not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks. Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color. Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies*

DRAFT

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *: Programs serving infants must place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing. Programs caring for infants must ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas; ensure that cribs, porta-cribs, playpens or bassinets used for sleeping infants younger than 12 months of age do not contain pillows, comforters, stuffed animals or other soft, padded materials. Infants younger than 6 months of age at the time of enrollment must be under direct visual supervision at all times during the first 6 weeks they are in care, including while they are sleeping, falling asleep, and waking. Additional policy standards include: Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants must be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair. Co-sleeping is prohibited. Infants must not be placed to sleep or rest on an adult bed or sofa. Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing or weighted objects are prohibited. Infants must be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Infants must be evaluated for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the touch. Programs serving infants must avoid over-bundling and covering of the infant's face and head. Programs must not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks. Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color. Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

DRAFT

iv. All CCDF-eligible license-exempt center care. Provide the standard: *: Programs serving infants must place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing. Programs caring for infants must ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas; ensure that cribs, porta-cribs, playpens or bassinets used for sleeping infants younger than 12 months of age do not contain pillows, comforters, stuffed animals or other soft, padded materials. Infants younger than 6 months of age at the time of enrollment must be under direct visual supervision at all times during the first 6 weeks they are in care, including while they are sleeping, falling asleep, and waking. Additional policy standards include: Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants must be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair. Co-sleeping is prohibited. Infants must not be placed to sleep or rest on an adult bed or sofa. Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing or weighted objects are prohibited. Infants must be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Infants must be evaluated for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the touch. Programs serving infants must avoid over-bundling and covering of the infant's face and head. Programs must not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks. Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color. Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies*

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

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vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Providers serving infants must place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing. They must ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas; ensure that cribs, porta-cribs, playpens or bassinets used for sleeping infants younger than 12 months of age do not contain pillows, comforters, stuffed animals or other soft, padded materials. Infants younger than 6 months of age at the time of enrollment must be under direct visual supervision at all times during the first 6 weeks they are in care, including while they are sleeping, falling asleep, and waking. Additional policy standards include: Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants must be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair. Co-sleeping is prohibited. Infants must not be placed to sleep or rest on an adult bed or sofa. Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing or weighted objects are prohibited. Infants must be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Infants must be evaluated for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the touch. Programs serving infants must avoid over-bundling and covering of the infant's face and head. Programs must not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks. Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color. Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies*

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vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Programs serving infants must place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing. Programs caring for infants must ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas; ensure that cribs, porta-cribs, playpens or bassinets used for sleeping infants younger than 12 months of age do not contain pillows, comforters, stuffed animals or other soft, padded materials. Infants younger than 6 months of age at the time of enrollment must be under direct visual supervision at all times during the first 6 weeks they are in care, including while they are sleeping, falling asleep, and waking. Additional policy standards include: Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants must be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair. Co-sleeping is prohibited. Infants must not be placed to sleep or rest on an adult bed or sofa. Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing or weighted objects are prohibited. Infants must be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Infants must be evaluated for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the touch. Programs serving infants must avoid over-bundling and covering of the infant's face and head. Programs must not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks. Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color. Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies*

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

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i. All CCDF-eligible licensed center care. Provide the standard: *Each person who administers prescription or non-prescription medication to a child must be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method. Each person who administers medication (other than topical medication) must demonstrate competency in the administration of medication before being authorized by the program to administer any medication. All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent. The educator must not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *Each person who administers prescription or non-prescription medication to a child must be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method. Each person who administers medication (other than topical medication) must demonstrate competency in the administration of medication before being authorized by the program to administer any medication. All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent. The educator must not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *Each person who administers prescription or non-prescription medication to a child must be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method. Each person who administers medication (other than topical medication) must demonstrate competency in the administration of medication before being authorized by the program to administer any medication. All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent. The educator must not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Each person who administers prescription or non-prescription medication to a child must be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method. Each person who administers medication (other than topical medication) must demonstrate competency in the administration of medication before being authorized by the program to administer any medication. All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent. The child care provider must not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Each person who administers prescription or non-prescription medication to a child must be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method. Each person who administers medication (other than topical medication) must demonstrate competency in the administration of medication before being authorized by the program to administer any medication. All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent. The educator must not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order.*

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *The educator may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization. Educators may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual health care plan that permits older school age children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All educators must be aware of the contents and requirements of the child's individual health care plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The educator may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization. Educators may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual health care plan that permits older school age children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All educators must be aware of the contents and requirements of the child's individual health care plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *The educator may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization. Educators may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual health care plan that permits older school age children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All educators must be aware of the contents and requirements of the child's individual health care plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The child care provider may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization. Providers may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual health care plan that permits older school age children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All providers must be aware of the contents and requirements of the child's individual health care plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. No provider shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.*

DRAFT

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The educator may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization. Educators may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual health care plan that permits older school age children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All educators must be aware of the contents and requirements of the child's individual health care plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.*

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

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

i. All CCDF-eligible licensed center care. Provide the standard: *The program must have a written health care policy that includes: a plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children from that to which they are allergic. Educators must follow the directions of the parents and /or the child's physician regarding any food allergies of a child. The program must maintain an individual written record for each child that includes information on allergies, special diets, chronic health conditions and/or any special limitations or concerns, including medications the child is taking at home or school and possible side effects of those medications.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The program must have a written health care policy that includes: a plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children from that to which they are allergic. Educators must follow the directions of the parents and /or the child's physician regarding any food allergies of a child. The program must maintain an individual written record for each child that includes information on allergies, special diets, chronic health conditions and/or any special limitations or concerns, including medications the child is taking at home or school and possible side effects of those medications.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☐ Not applicable.

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iv. All CCDF-eligible license-exempt center care. Provide the standard: *The program must have a written health care policy that includes: a plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children from that to which they are allergic. Educators must follow the directions of the parents and /or the child's physician regarding any food allergies of a child. The program must maintain an individual written record for each child that includes information on allergies, special diets, chronic health conditions and/or any special limitations or concerns, including medications the child is taking at home or school and possible side effects of those medications.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider must follow the directions of the parents and /or the child's physician regarding any food allergies of a child. The provider must maintain an individual written record for each child that includes information on allergies, special diets, chronic health conditions and/or any special limitations or concerns, including medications the child is taking at home or school and possible side effects of those medications.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The program must have a written health care policy that includes: a plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children from that to which they are allergic. Educators must follow the directions of the parents and /or the child's physician regarding any food allergies of a child. The program must maintain an individual written record for each child that includes information on allergies, special diets, chronic health conditions and/or any special limitations or concerns, including medications the child is taking at home or school and possible side effects of those medications.*

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

i. All CCDF-eligible licensed center care. Provide the standard: *The program must post the following information in an area easily visible to parents, educators, and visitors, in a manner that protects the privacy of each child, a list of allergies and/or other emergency medical information provided by the parent for each child.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The program must post the following information in an area easily visible to parents, educators, and visitors, in a manner that protects the privacy of each child, a list of allergies and/or other emergency medical information provided by the parent for each child.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

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iv. All CCDF-eligible license-exempt center care. Provide the standard: *The program must post the following information in an area easily visible to parents, educators, and visitors, in a manner that protects the privacy of each child, a list of allergies and/or other emergency medical information provided by the parent for each child.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider must be aware of allergies and/or other emergency medical information provided by the parent for each child.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The program must post the following information in an area easily visible to parents, educators, and visitors, in a manner that protects the privacy of each child, a list of allergies and/or other emergency medical information provided by the parent for each child.*

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

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i. All CCDF-eligible licensed center care. Provide the standard: *The program must ensure that the physical facilities are safe, clean, in good repair and free from hazards and clutter. The program must monitor the environment daily to identify and remove or repair any hazards that may cause injury to children. All indoor and outdoor equipment, furnishings, and materials must be sturdy, safely constructed and installed, non-tippable, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children. The program must not use any equipment, materials, furnishings, toys, or games identified by the U.S. Consumer Product Safety Commission as being hazardous. Furnishings and fixtures must be arranged safely, with sharp edges protected, and in such a way as to not present hazards to children. Strings and cords longer than six inches that are not part of recreational or educational materials, including, but not limited to cords on window blinds, curtains, or shades, must be kept out of children's reach. All steam and hot water pipes and radiators must be protected by permanent screens, guards, insulation, or another suitable device that prevents children from coming in contact with them. Portable heaters and radiators are prohibited. Exits and evacuation routes must be kept clear of obstructions. The program must maintain the interior and exterior of the program in good repair, free of chipping, flaking, or peeling paint or broken plaster. The interior of the child care program must be clean and maintained free from vermin. Safe and effective means of eliminating vermin must be provided, and pesticides may not be used on the child care premises during child care hours. All windows used for ventilation must include screens in good repair. Windows and glass doors must be constructed, adapted, or adjusted using window guards or other means to prevent injury to children. The program must provide running water in sinks used by children and water temperature must not exceed 120°F. All electrical outlets within the reach of children younger than school age must be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings. If the covering is a shock stop, it must be of adequate size to prevent a choking hazard. All electrical cords must be arranged so they are not a hazard to children. Electrical cords must not be frayed or damaged. All fuel burning stoves must meet applicable local and state codes and must be maintained in a manner that ensures the safety of all children. Heaters and stoves must be surrounded by a fireproof wall or enclosed by partitions, screens, or guards or other similar barricades that are at least three feet in height and installed at least three feet from the heaters and stoves. If non-combustible and non-heat retaining materials are used, barricades may be placed two feet away from the stove. Heaters and stoves that are not used for heating purposes during child care, or are used before child care and are sufficiently cooled to prevent a child from being burned, may be barricaded less than two feet away. Heaters and stoves that are never used for heating purposes may be barricaded two feet from the stove or be sufficiently padded to prevent a child from injury if the child falls against them. All working fireplaces in space used by children must have a secure child proof barrier in place at all times. In programs serving children younger than three years old, barriers must be placed at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations. Barriers must be permanently installed at the top of stairways. Pressure gates may not be used at the top of stairs. Open stairways used by children younger than school age*

DRAFT

must have railings or banisters installed along the open or unprotected side(s). The outdoor play area must be free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. If the outdoor play space is located on a roof, it must be protected by a barrier at least seven feet high, which cannot be climbed by children. The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material. The use zones under and around swings, slides, and climbing structures must be covered with an adequate depth of an impact absorbing material. Pea gravel and wood chip nuggets must not be used in areas used by infants and toddlers. Suitable barriers must be installed to prevent falls into outdoor stair or window wells. Porches and decks must be inspected and approved by the Department before use and those that are more than three feet from grade level must be surrounded by a protective barricade in accordance with applicable building codes. All play equipment, fences and structures must be free of entrapment hazards.

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ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The program must ensure that the physical facilities are safe, clean, in good repair and free from hazards and clutter. The program must monitor the environment daily to identify and remove or repair any hazards that may cause injury to children. All indoor and outdoor equipment, furnishings, and materials must be sturdy, safely constructed and installed, non-tippable, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children. The program must not use any equipment, materials, furnishings, toys, or games identified by the U.S. Consumer Product Safety Commission as being hazardous. Furnishings and fixtures must be arranged safely, with sharp edges protected, and in such a way as to not present hazards to children. Strings and cords longer than six inches that are not part of recreational or educational materials, including, but not limited to cords on window blinds, curtains, or shades, must be kept out of children's reach. All steam and hot water pipes and radiators must be protected by permanent screens, guards, insulation, or another suitable device that prevents children from coming in contact with them. Portable heaters and radiators are prohibited. Exits and evacuation routes must be kept clear of obstructions. The program must maintain the interior and exterior of the program in good repair, free of chipping, flaking, or peeling paint or broken plaster. The interior of the child care program must be clean and maintained free from vermin. Safe and effective means of eliminating vermin must be provided, and pesticides may not be used on the child care premises during child care hours. All windows used for ventilation must include screens in good repair. Windows and glass doors must be constructed, adapted, or adjusted using window guards or other means to prevent injury to children. The program must provide running water in sinks used by children and water temperature must not exceed 120°F. All electrical outlets within the reach of children younger than school age must be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings. If the covering is a shock stop, it must be of adequate size to prevent a choking hazard. All electrical cords must be arranged so they are not a hazard to children. Electrical cords must not be frayed or damaged. All fuel burning stoves must meet applicable local and state codes and must be maintained in a manner that ensures the safety of all children. Heaters and stoves must be surrounded by a fireproof wall or enclosed by partitions, screens, or guards or other similar barricades that are at least three feet in height and installed at least three feet from the heaters and stoves. If non-combustible and non-heat retaining materials are used, barricades may be placed two feet away from the stove. Heaters and stoves that are not used for heating purposes during child care, or are used before child care and are sufficiently cooled to prevent a child from being burned, may be barricaded less than two feet away. Heaters and stoves that are never used for heating purposes may be barricaded two feet from the stove or be sufficiently padded to prevent a child from injury if the child falls against them. All working fireplaces in space used by children must have a secure child proof barrier in place at all times. In programs serving children younger than three years old, barriers must be placed at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations. Barriers must be permanently installed at the top of stairways. Pressure gates may not be used at the top of stairs. Open stairways used by children younger than school age*

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must have railings or banisters installed along the open or unprotected side(s). The outdoor play area must be free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. If the outdoor play space is located on a roof, it must be protected by a barrier at least seven feet high, which cannot be climbed by children. The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material. The use zones under and around swings, slides, and climbing structures must be covered with an adequate depth of an impact absorbing material. Pea gravel and wood chip nuggets must not be used in areas used by infants and toddlers. Suitable barriers must be installed to prevent falls into outdoor stair or window wells. Porches and decks must be inspected and approved by the Department before use and those that are more than three feet from grade level must be surrounded by a protective barricade in accordance with applicable building codes. All play equipment, fences and structures must be free of entrapment hazards.

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

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iv. All CCDF-eligible license-exempt center care. Provide the standard: *The program must ensure that the physical facilities are safe, clean, in good repair and free from hazards and clutter. The program must monitor the environment daily to identify and remove or repair any hazards that may cause injury to children. All indoor and outdoor equipment, furnishings, and materials must be sturdy, safely constructed and installed, non-tippable, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children. The program must not use any equipment, materials, furnishings, toys, or games identified by the U.S. Consumer Product Safety Commission as being hazardous. Furnishings and fixtures must be arranged safely, with sharp edges protected, and in such a way as to not present hazards to children. Strings and cords longer than six inches that are not part of recreational or educational materials, including, but not limited to cords on window blinds, curtains, or shades, must be kept out of children's reach. All steam and hot water pipes and radiators must be protected by permanent screens, guards, insulation, or another suitable device that prevents children from coming in contact with them. Portable heaters and radiators are prohibited. Exits and evacuation routes must be kept clear of obstructions. The program must maintain the interior and exterior of the program in good repair, free of chipping, flaking, or peeling paint or broken plaster. The interior of the child care program must be clean and maintained free from vermin. Safe and effective means of eliminating vermin must be provided, and pesticides may not be used on the child care premises during child care hours. All windows used for ventilation must include screens in good repair. Windows and glass doors must be constructed, adapted, or adjusted using window guards or other means to prevent injury to children. The program must provide running water in sinks used by children and water temperature must not exceed 120°F. All electrical outlets within the reach of children younger than school age must be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings. If the covering is a shock stop, it must be of adequate size to prevent a choking hazard. All electrical cords must be arranged so they are not a hazard to children. Electrical cords must not be frayed or damaged. All fuel burning stoves must meet applicable local and state codes and must be maintained in a manner that ensures the safety of all children. Heaters and stoves must be surrounded by a fireproof wall or enclosed by partitions, screens, or guards or other similar barricades that are at least three feet in height and installed at least three feet from the heaters and stoves. If non-combustible and non-heat retaining materials are used, barricades may be placed two feet away from the stove. Heaters and stoves that are not used for heating purposes during child care, or are used before child care and are sufficiently cooled to prevent a child from being burned, may be barricaded less than two feet away. Heaters and stoves that are never used for heating purposes may be barricaded two feet from the stove or be sufficiently padded to prevent a child from injury if the child falls against them. All working fireplaces in space used by children must have a secure child proof barrier in place at all times. In programs serving children younger than three years old, barriers must be placed at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations. Barriers must be permanently installed at the top of stairways. Pressure gates may not be used at the top of stairs. Open stairways used by children younger than school age*

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must have railings or banisters installed along the open or unprotected side(s). The outdoor play area must be free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. If the outdoor play space is located on a roof, it must be protected by a barrier at least seven feet high, which cannot be climbed by children. The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material. The use zones under and around swings, slides, and climbing structures must be covered with an adequate depth of an impact absorbing material. Pea gravel and wood chip nuggets must not be used in areas used by infants and toddlers. Suitable barriers must be installed to prevent falls into outdoor stair or window wells. Porches and decks must be inspected and approved by the Department before use and those that are more than three feet from grade level must be surrounded by a protective barricade in accordance with applicable building codes. All play equipment, fences and structures must be free of entrapment hazards.

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider must ensure that the physical facilities are safe and free from hazards and clutter. The program must monitor the environment for any hazards that may cause injury to children Exits and evacuation routes must be kept clear of obstructions. All electrical outlets within the reach of children younger than school age must be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings. If the covering is a shock stop, it must be of adequate size to prevent a choking hazard. All electrical cords must be arranged so they are not a hazard to children.*

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vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The program must ensure that the physical facilities are safe, clean, in good repair and free from hazards and clutter. The program must monitor the environment daily to identify and remove or repair any hazards that may cause injury to children. All indoor and outdoor equipment, furnishings, and materials must be sturdy, safely constructed and installed, non-tippable, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children. The program must not use any equipment, materials, furnishings, toys, or games identified by the U.S. Consumer Product Safety Commission as being hazardous. Furnishings and fixtures must be arranged safely, with sharp edges protected, and in such a way as to not present hazards to children. Strings and cords longer than six inches that are not part of recreational or educational materials, including, but not limited to cords on window blinds, curtains, or shades, must be kept out of children's reach. All steam and hot water pipes and radiators must be protected by permanent screens, guards, insulation, or another suitable device that prevents children from coming in contact with them. Portable heaters and radiators are prohibited. Exits and evacuation routes must be kept clear of obstructions. The program must maintain the interior and exterior of the program in good repair, free of chipping, flaking, or peeling paint or broken plaster. The interior of the child care program must be clean and maintained free from vermin. Safe and effective means of eliminating vermin must be provided, and pesticides may not be used on the child care premises during child care hours. All windows used for ventilation must include screens in good repair. Windows and glass doors must be constructed, adapted, or adjusted using window guards or other means to prevent injury to children. The program must provide running water in sinks used by children and water temperature must not exceed 120°F. All electrical outlets within the reach of children younger than school age must be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings. If the covering is a shock stop, it must be of adequate size to prevent a choking hazard. All electrical cords must be arranged so they are not a hazard to children. Electrical cords must not be frayed or damaged. All fuel burning stoves must meet applicable local and state codes and must be maintained in a manner that ensures the safety of all children. Heaters and stoves must be surrounded by a fireproof wall or enclosed by partitions, screens, or guards or other similar barricades that are at least three feet in height and installed at least three feet from the heaters and stoves. If non-combustible and non-heat retaining materials are used, barricades may be placed two feet away from the stove. Heaters and stoves that are not used for heating purposes during child care, or are used before child care and are sufficiently cooled to prevent a child from being burned, may be barricaded less than two feet away. Heaters and stoves that are never used for heating purposes may be barricaded two feet from the stove or be sufficiently padded to prevent a child from injury if the child falls against them. All working fireplaces in space used by children must have a secure child proof barrier in place at all times. In programs serving children younger than three years old, barriers must be placed at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations. Barriers must be permanently installed at the top of stairways. Pressure gates may not be*

DRAFT

used at the top of stairs. Open stairways used by children younger than school age must have railings or banisters installed along the open or unprotected side(s). The outdoor play area must be free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. If the outdoor play space is located on a roof, it must be protected by a barrier at least seven feet high, which cannot be climbed by children. The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material. The use zones under and around swings, slides, and climbing structures must be covered with an adequate depth of an impact absorbing material. Pea gravel and wood chip nuggets must not be used in areas used by infants and toddlers. Suitable barriers must be installed to prevent falls into outdoor stair or window wells. Porches and decks must be inspected and approved by the Department before use and those that are more than three feet from grade level must be surrounded by a protective barricade in accordance with applicable building codes. All play equipment, fences and structures must be free of entrapment hazards.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

   i. All CCDF-eligible licensed center care. Provide the standard: *The outdoor play area must be free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. For programs that offer swimming, boating or other water activities, the program must ensure that the area is safe and children are directly supervised at all times during activities involving water, including tubs, pools, showers, or standing water. Educator/child ratios must be sufficient to maintain the safety of children in or near water. The program must ensure that all swimming and wading pools used by children are treated, cleaned, maintained and supervised according to sound health and safety practices and state and local guidelines and regulations. Whenever pools are not in use, they must be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access. Wading pools must be emptied immediately after use and sanitized between uses and whenever contaminated. All hot tubs, whether indoors or outdoors, must be inaccessible to children. Whenever children are swimming (not including the use of wading pools) a second adult must be on the premises available to assist in case of emergency. When children are swimming in a swimming pool, an adult must be present who is aware of the pump location and is able to turn the pump off in the event of an emergency.*

DRAFT

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The outdoor play area must be free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. For programs that offer swimming, boating or other water activities, the program must ensure that the area is safe and children are directly supervised at all times during activities involving water, including tubs, pools, showers, or standing water. Educator/child ratios must be sufficient to maintain the safety of children in or near water. The program must ensure that all swimming and wading pools used by children are treated, cleaned, maintained and supervised according to sound health and safety practices and state and local guidelines and regulations. Whenever pools are not in use, they must be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access. Wading pools must be emptied immediately after use and sanitized between uses and whenever contaminated. All hot tubs, whether indoors or outdoors, must be inaccessible to children. Whenever children are swimming (not including the use of wading pools) a second adult must be on the premises available to assist in case of emergency. When children are swimming in a swimming pool, an adult must be present who is aware of the pump location and is able to turn the pump off in the event of an emergency.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *The outdoor play area must be free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. For programs that offer swimming, boating or other water activities, the program must ensure that the area is safe and children are directly supervised at all times during activities involving water, including tubs, pools, showers, or standing water. Educator/child ratios must be sufficient to maintain the safety of children in or near water. The program must ensure that all swimming and wading pools used by children are treated, cleaned, maintained and supervised according to sound health and safety practices and state and local guidelines and regulations. Whenever pools are not in use, they must be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access. Wading pools must be emptied immediately after use and sanitized between uses and whenever contaminated. All hot tubs, whether indoors or outdoors, must be inaccessible to children. Whenever children are swimming (not including the use of wading pools) a second adult must be on the premises available to assist in case of emergency. When children are swimming in a swimming pool, an adult must be present who is aware of the pump location and is able to turn the pump off in the event of an emergency.*

DRAFT

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *All hot tubs, whether indoors or outdoors, must be inaccessible to children. Whenever children are swimming (not including the use of wading pools) a second adult must be on the premises available to assist in case of emergency. When children are swimming in a swimming pool, an adult must be present who is aware of the pump location and is able to turn the pump off in the event of an emergency.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The outdoor play area must be free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. For programs that offer swimming, boating or other water activities, the program must ensure that the area is safe and children are directly supervised at all times during activities involving water, including tubs, pools, showers, or standing water. Educator/child ratios must be sufficient to maintain the safety of children in or near water. The program must ensure that all swimming and wading pools used by children are treated, cleaned, maintained and supervised according to sound health and safety practices and state and local guidelines and regulations. Whenever pools are not in use, they must be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access. Wading pools must be emptied immediately after use and sanitized between uses and whenever contaminated. All hot tubs, whether indoors or outdoors, must be inaccessible to children. Whenever children are swimming (not including the use of wading pools) a second adult must be on the premises available to assist in case of emergency. When children are swimming in a swimming pool, an adult must be present who is aware of the pump location and is able to turn the pump off in the event of an emergency.*

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *The outdoor play area must not be on a busy street or in a parking lot. It must also be free from hazards including but not limited to: poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. The program must have a written plan for the safety and supervision of all children during transport. The plan must address the safety and supervision of children who walk and who arrive by public transportation.*

DRAFT

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The outdoor play area must not be on a busy street or in a parking lot. It must also be free from hazards including but not limited to: poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. The program must have a written plan for the safety and supervision of all children during transport. The plan must address the safety and supervision of children who walk and who arrive by public transportation.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *The outdoor play area must not be on a busy street or in a parking lot. It must also be free from hazards including but not limited to: poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. The program must have a written plan for the safety and supervision of all children during transport. The plan must address the safety and supervision of children who walk and who arrive by public transportation.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The outdoor play area must not be on a busy street or in a parking lot. It must also be free from hazards including but not limited to: poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. The program must have a written plan for the safety and supervision of all children during transport. The plan must address the safety and supervision of children who walk and who arrive by public transportation.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The outdoor play area must not be on a busy street or in a parking lot. It must also be free from hazards including but not limited to: poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. The program must have a written plan for the safety and supervision of all children during transport. The plan must address the safety and supervision of children who walk and who arrive by public transportation.*

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

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a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *The following practices are strictly prohibited: subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks. This standard applies to infants, toddlers, preschoolers, and school age children.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The following practices are strictly prohibited: subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks. This standard applies to infants, toddlers, preschoolers, and school age children.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *The following practices are strictly prohibited: subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks. This standard applies to infants, toddlers, preschoolers, and school age children.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The following practices are strictly prohibited: subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks. This standard applies to infants, toddlers, preschoolers, and school age children.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The following practices are strictly prohibited: subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks. This standard applies to infants, toddlers, preschoolers, and school age children.*

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

DRAFT

i. All CCDF-eligible licensed center care. Provide the standard: *Any form of abuse or neglect of children while in care is strictly prohibited. The program and all educators must operate the program in ways that protect children from abuse or neglect. The following practices are strictly prohibited: spanking or other corporal punishment; subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks; depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence; disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting; confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision; excessive timeout. These standards apply to the care of infants, toddlers, preschoolers, and school age children.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *Any form of abuse or neglect of children while in care is strictly prohibited. The program and all educators must operate the program in ways that protect children from abuse or neglect. The following practices are strictly prohibited: spanking or other corporal punishment; subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks; depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence; disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting; confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision; excessive timeout. These standards apply to the care of infants, toddlers, preschoolers, and school age children.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

DRAFT

iv. All CCDF-eligible license-exempt center care. Provide the standard: *Any form of abuse or neglect of children while in care is strictly prohibited. The program and all educators must operate the program in ways that protect children from abuse or neglect. The following practices are strictly prohibited: spanking or other corporal punishment; subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks; depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence; disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting; confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision; excessive timeout. These standards apply to the care of infants, toddlers, preschoolers, and school age children.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Any form of abuse or neglect of children while in care is strictly prohibited. The program and all educators must operate the program in ways that protect children from abuse or neglect. The following practices are strictly prohibited: spanking or other corporal punishment; subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks; depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence; disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting; confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision; excessive timeout. These standards apply to the care of infants, toddlers, preschoolers, and school age children.*

DRAFT

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Any form of abuse or neglect of children while in care is strictly prohibited. The program and all educators must operate the program in ways that protect children from abuse or neglect. The following practices are strictly prohibited: spanking or other corporal punishment; subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks; depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence; disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting; confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision; excessive timeout. These standards apply to the care of infants, toddlers, preschoolers, and school age children.*

5.3.7 Emergency preparedness and response planning standard

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

i. ☒ Evacuation

ii. ☒ Relocation

iii. ☒ Shelter-in-place

iv. ☒ Lock down

v. Staff emergency preparedness

- ☒ Training
- ☒ Practice drills

vi. Volunteer emergency preparedness

- ☒ Training
- ☐ Practice drills

vii. ☒ Communication with families

viii. ☒ Reunification with families

ix. ☐ Continuity of operations

x. Accommodation of

- ☒ Infants
- ☒ Toddlers
- ☒ Children with disabilities
- ☒ Children with chronic medical conditions

DRAFT

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

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

i. All CCDF-eligible licensed center care. Provide the standard: *The program must provide disposable non-latex gloves to be used for the clean-up of blood and bodily fluids. The affected area must be disinfected. The program must ensure that educators wash their hands thoroughly with soap and water after cleaning up the contaminated area. Educators must ensure that all hazardous objects, including toxic materials, are locked or inaccessible to children. Toxic substances must be stored separately from food and medications. All toxic substances must be labeled as to the contents and antidote.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The program must provide disposable non-latex gloves to be used for the clean-up of blood and bodily fluids. The affected area must be disinfected. The program must ensure that educators wash their hands thoroughly with soap and water after cleaning up the contaminated area. Educators must ensure that all hazardous objects, including toxic materials, are locked or inaccessible to children. Toxic substances must be stored separately from food and medications. All toxic substances must be labeled as to the contents and antidote.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *The program must provide disposable non-latex gloves to be used for the clean-up of blood and bodily fluids. The affected area must be disinfected. The program must ensure that educators wash their hands thoroughly with soap and water after cleaning up the contaminated area. Educators must ensure that all hazardous objects, including toxic materials, are locked or inaccessible to children. Toxic substances must be stored separately from food and medications. All toxic substances must be labeled as to the contents and antidote.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider must provide disposable non-latex gloves to be used for the clean-up of blood and bodily fluids. The affected area must be disinfected. The provider must ensure that they wash their hands thoroughly with soap and water after cleaning up the contaminated area. Providers must ensure that all hazardous objects, including toxic materials, are locked or inaccessible to children. Toxic substances must be stored separately from food and medications. All toxic substances must be labeled as to the contents and antidote.*

DRAFT

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The program must provide disposable non-latex gloves to be used for the clean-up of blood and bodily fluids. The affected area must be disinfected. The program must ensure that educators wash their hands thoroughly with soap and water after cleaning up the contaminated area. Educators must ensure that all hazardous objects, including toxic materials, are locked or inaccessible to children. Toxic substances must be stored separately from food and medications. All toxic substances must be labeled as to the contents and antidote.*

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. Contaminated clothing must be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. Contaminated clothing must be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. Contaminated clothing must be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. Contaminated clothing must be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day.*

5.3.9 Precautions in transporting children health and safety standard

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

i. All CCDF-eligible licensed center care. Provide the standard: *The program must have a written plan for the safety and supervision of all children during transport. The plan must describe how children are transported to and from the program, in an emergency, and on field trips. The plan must also address the safety and supervision of children who walk and who arrive by public transportation. The plan must include any special arrangements for children with disabilities. The program must not allow the number of children riding in a program-owned, educator's, or parent's vehicle, used to transport children while they are in care, or a vehicle hired for a program-related activity to exceed the number of seats therein at any time. All children must be seated when the vehicle is in operation. Suitable car seats, safety carriers, restraints or seat belts must be provided for and used by each child, driver and attendant in all vehicles containing fewer than 16 passenger seats. All car restraints must meet the U.S. Department of Transportation Federal Motor Vehicle Safety Standards guidelines and must be crash tested and child approved. Children younger than 12 years old must not be transported in the front seat of a vehicle if the vehicle is equipped with airbags. Sharp, heavy or potentially dangerous objects must be placed in the trunk or cargo area and securely restrained when transporting children.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The provider must have a written plan for the safety and supervision of all children during transport. The plan must describe how children are transported to and from the program, in an emergency, and on field trips. The plan must also address the safety and supervision of children who walk and who arrive by public transportation. The plan must include any special arrangements for children with disabilities. The provider must not allow the number of children riding in a program-owned, educator's, or parent's vehicle, used to transport children while they are in care, or a vehicle hired for a program-related activity to exceed the number of seats therein at any time. All children must be seated when the vehicle is in operation. Suitable car seats, safety carriers, restraints or seat belts must be provided for and used by each child, driver and attendant in all vehicles containing fewer than 16 passenger seats. All car restraints must meet the U.S. Department of Transportation Federal Motor Vehicle Safety Standards guidelines and must be crash tested and child approved. Children younger than 12 years old must not be transported in the front seat of a vehicle if the vehicle is equipped with airbags. Sharp, heavy or potentially dangerous objects must be placed in the trunk or cargo area and securely restrained when transporting children.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

DRAFT

iv. All CCDF-eligible license-exempt center care. Provide the standard: *The program must have a written plan for the safety and supervision of all children during transport. The plan must describe how children are transported to and from the program, in an emergency, and on field trips. The plan must also address the safety and supervision of children who walk and who arrive by public transportation. The plan must include any special arrangements for children with disabilities. The program must not allow the number of children riding in a program-owned, educator's, or parent's vehicle, used to transport children while they are in care, or a vehicle hired for a program-related activity to exceed the number of seats therein at any time. All children must be seated when the vehicle is in operation. Suitable car seats, safety carriers, restraints or seat belts must be provided for and used by each child, driver and attendant in all vehicles containing fewer than 16 passenger seats. All car restraints must meet the U.S. Department of Transportation Federal Motor Vehicle Safety Standards guidelines and must be crash tested and child approved. Children younger than 12 years old must not be transported in the front seat of a vehicle if the vehicle is equipped with airbags. Sharp, heavy or potentially dangerous objects must be placed in the trunk or cargo area and securely restrained when transporting children.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider must not allow the number of children riding in a program-owned, educator's, or parent's vehicle, used to transport children while they are in care, or a vehicle hired for a program-related activity to exceed the number of seats therein at any time. All children must be seated when the vehicle is in operation. Suitable car seats, safety carriers, restraints or seat belts must be provided for and used by each child, driver and attendant in all vehicles containing fewer than 16 passenger seats. All car restraints must meet the U.S. Department of Transportation Federal Motor Vehicle Safety Standards guidelines and must be crash tested and child approved. Children younger than 12 years old must not be transported in the front seat of a vehicle if the vehicle is equipped with airbags. Sharp, heavy or potentially dangerous objects must be placed in the trunk or cargo area and securely restrained when transporting children.*

DRAFT

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The program must have a written plan for the safety and supervision of all children during transport. The plan must describe how children are transported to and from the program, in an emergency, and on field trips. The plan must also address the safety and supervision of children who walk and who arrive by public transportation. The plan must include any special arrangements for children with disabilities. The program must not allow the number of children riding in a program-owned, educator's, or parent's vehicle, used to transport children while they are in care, or a vehicle hired for a program-related activity to exceed the number of seats therein at any time. All children must be seated when the vehicle is in operation. Suitable car seats, safety carriers, restraints or seat belts must be provided for and used by each child, driver and attendant in all vehicles containing fewer than 16 passenger seats. All car restraints must meet the U.S. Department of Transportation Federal Motor Vehicle Safety Standards guidelines and must be crash tested and child approved. Children younger than 12 years old must not be transported in the front seat of a vehicle if the vehicle is equipped with airbags. Sharp, heavy or potentially dangerous objects must be placed in the trunk or cargo area and securely restrained when transporting children.*

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

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *The licensee must ensure that at least one educator currently certified in first aid and age-appropriate cardiopulmonary resuscitation (CPR) is present at any and all times when children are in care. For center-based care, all educators must obtain within six months of employment, and must maintain thereafter, current certification of training in basic first aid appropriate to the population served. In center based funded programs, there shall be at least one staff member currently trained and certified in age-appropriate first aid at all times when children are present.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The licensee must ensure that at least one educator currently certified in first aid and age-appropriate cardiopulmonary resuscitation (CPR) is present at any and all times when children are in care. For family child care, all licensees, certified assistants, and any educator who may be alone with children must maintain current certification of training in basic first aid. For center-based care, all educators must obtain within six months of employment, and must maintain thereafter, current certification of training in basic first aid appropriate to the population served. In center based funded programs, there shall be at least one staff member currently trained and certified in age-appropriate first aid at all times when children are present.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

DRAFT

iv. All CCDF-eligible license-exempt center care. Provide the standard: *In center based funded programs, there shall be at least one staff member currently trained and certified in age-appropriate first aid at all times when children are present.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *CCDF-eligible ICCs must be trained and certified in age-appropriate first aid at all times when children are present.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *In CCDF-eligible out-of-school programs, there shall be at least one staff member currently trained and certified in age-appropriate first aid at all times when children are present.*

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *For group and school age programs, the licensee must ensure that at least one educator currently certified in age-appropriate cardiopulmonary resuscitation (CPR) is present at any and all times when children are in care. CPR training must be renewed prior to the expiration date listed on the CPR certificate. For center-based funded (license-exempt) programs, there must be at least one staff member currently trained and certified in age-appropriate CPR at all times when children are present. For all, CPR training must be renewed prior to the expiration date listed on the CPR certificate. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *For family child care programs, all licensees, certified assistants, and any educator who may be alone with children must maintain current certification of training in age-appropriate CPR. CPR training must be renewed prior to the expiration date listed on the CPR certificate. For all, CPR training must be renewed prior to the expiration date listed on the CPR certificate. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *For center-based funded (license-exempt) programs, there must be at least one staff member currently trained and certified in age-appropriate CPR at all times when children are present. For all, CPR training must be renewed prior to the expiration date listed on the CPR certificate. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider shall maintain current Pediatric CPR certification. For all, CPR training must be renewed prior to the expiration date listed on the CPR certificate. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.*

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

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *Programs must have a written health care policy that includes notification to parents that educators are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families. The program must have a written plan for staff orientation that includes child guidance policies and procedures for protecting children from abuse and neglect.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *Providers must have a written health care policy that includes notification to parents that educators are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families. The program must have a written plan for staff orientation that includes child guidance policies and procedures for protecting children from abuse and neglect.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *Programs must have a written health care policy that includes notification to parents that educators are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families. The program must have a written plan for staff orientation that includes child guidance policies and procedures for protecting children from abuse and neglect.*

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

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *During the initial training, CCRRs discuss the license-exempt in-home care provider's status as mandated reports and how they must, by law, report suspected child abuse or neglect to the Department of Children and Families.*

DRAFT

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *EEC does not license camps but for afterschool programs, they must have a written health care policy that includes notification to parents that educators are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families. The program must have a written plan for staff orientation that includes child guidance policies and procedures for protecting children from abuse and neglect.*

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *Every educator is a mandated reporter under M.G.L. c. 119, § 51A and must make a report to the Department of Children and Families whenever he/she has reasonable cause to believe a child in the program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted.*

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *Every educator is a mandated reporter under M.G.L. c. 119, § 51A and must make a report to the Department of Children and Families whenever he/she has reasonable cause to believe a child in the program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted.*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *Every educator is a mandated reporter under M.G.L. c. 119, § 51A and must make a report to the Department of Children and Families whenever he/she has reasonable cause to believe a child in the program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted.*

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

DRAFT

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Every child care provider is a mandated reporter under M.G.L. c. 119, § 51A and must make a report to the Department of Children and Families whenever he/she has reasonable cause to believe a child in the program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted.*

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Every educator is a mandated reporter under M.G.L. c. 119, § 51A and must make a report to the Department of Children and Families whenever he/she has reasonable cause to believe a child in the program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted.*

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

☒ Yes, confirmed.

☐ No. If no, describe: *Click or tap here to enter text.*

5.3.12 Additional optional standards

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

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

Nutrition. Describe: *The licensee must design and implement a nutrition program that meets the U.S.D.A. guidelines for the nutritional and dietary needs and feeding requirements of each child, including those of children with disabilities.*

Access to physical activity. Describe: *The licensee must have evidence of a plan describing how program activities support and engage children through specific learning experiences, which must provide for daily indoor and outdoor time periods, weather permitting, which include both small and large muscle activities, for at least 60 minutes in full day programs.*

Caring for children with special needs. Describe: *The licensee must maintain as part of a child's record, an individual health care plan for each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner. The plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.*

DRAFT

Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: *In addition to interacting with children as required by regulations, all programs and educators must exercise appropriate supervision of the children in their care in order to ensure their health and safety at all times. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities.*

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

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

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

5.4.1 Health and safety pre-service/orientation training requirements

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

	Is this standard addressed in the pre-service or orientation training?	**Is the pre-service or orientation training on this standard appropriate to different settings and age groups?**	**Does the Lead Agency require staff to complete the training before caring for children unsupervised?**
a. Prevention and control of infectious diseases (including immunizations)	☒	☒	☐
b. SIDS prevention and use of safe sleep practices	☒	☒	☐
c. Administration of medication	☒	☒	☐
d. Prevention and response to food and allergic reactions	☒	☒	☐

DRAFT

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	☒	☒	☐
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	☒	☒	☐
g. Emergency preparedness and response planning and procedures	☒	☒	☐
h. Handling and storage of hazardous materials and disposal of biocontaminants	☒	☒	☐
i. Appropriate Precautions in transporting children, if applicable	☒	☒	☐
j. Pediatric first aid and pediatric CPR (age-appropriate)	☒	☒	☐
k. Child abuse and neglect recognition and reporting	☒	☒	☐
l. Child development including major domains of cognitive, social, emotional, physical	☒	☒	☐

DRAFT

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
development and approaches to learning.			

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

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

☐ No

☒ Yes. If yes, describe: *Individuals who only work periodically with children in the programs, including volunteers, interns and substitutes are not required to complete all of the EEC Essentials training modules. These individuals must complete the Emergency Response Planning training but no other trainings are required. In group and school age programs, if individuals, including volunteers, interns and substitutes count towards the maintenance of licensing ratios, they would be required to complete all of the EEC Essentials training modules.*

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

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

a. Licensed CCDF center-based providers

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

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

☒ Annually.

☐ More than once a year. If more than once a year, describe: *Click or tap here to enter text.*

☐ Other. If other, describe: *Click or tap here to enter text.*

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

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

☐ No. If no, describe: *Click or tap here to enter text.*

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

b. Licensed CCDF family child care providers

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

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

☒ Annually.

☐ More than once a year. If more than once a year, describe: *Click or tap here to enter text.*

☐ Other. If other, describe: *Click or tap here to enter text.*

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

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

☐ No. If no, describe: *Click or tap here to enter text.*

DRAFT

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

c. Licensed in-home CCDF child care providers

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

☒ No.

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

☐ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

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

☐ Annually.

☐ More than once a year. If more than once a year, describe: *Click or tap here to enter text.*

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

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

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*

☒ No.

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

5.5.2 Inspections for license-exempt providers

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

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

☒ Annually.

DRAFT

☐ More than once a year. If more than once a year, describe: *Click or tap here to enter text.*

☐ Other. If other, describe: *Click or tap here to enter text.*

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *The monitoring checklist in LEAD generates visit items randomly and based on the providers non-compliance history. EEC recently updated the monitoring checklist to ensure that the full complement of health and safety requirements is represented during annual visits.*

☐ No.

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

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

☐ Annually.

☐ More than once a year. If more than once a year, describe: *Click or tap here to enter text.*

☒ Other. If other, describe: *We do not have license-exempt family child care providers*

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*

☒ No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. *NA*

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

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

DRAFT

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

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: *EEC conducts inspections for in-home child care providers.*

5.5.4 Posting monitoring and inspection reports

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

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

a. Does the Lead Agency post:

i. ☐ Pre-licensing inspection reports for licensed programs.

ii. ☒ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. ☐ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. Note: This option is only allowable if the Lead Agency 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: *Click or tap here to enter text.*

b. Check if the monitoring and inspection reports and any related plain language summaries include:

i. ☒ Date of inspection.

ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: *When EEC posts that an investigation has occurred, there is an area in the consumer website that will list the violations found by EEC.*

DRAFT

iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider. Describe: *For each violation, the provider can respond to the corrective action plan documented by the licensor.*

iv. ☒ A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain: *Click or tap here to enter text.*

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: *https://childcare.mass.gov/findchildcare Once here, an individual can enter the programs name and it will bring the individual to the provider page which will list monitoring and investigative non-compliances, if any.*

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: *EEC informs the program that a corrective action plan is needed. The program is required to respond within 14 days. EEC then reviews and if approved will then publish to the consumer website for individuals to review.*

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

5.5.5 Qualifications and training of licensing inspectors

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

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. *Licensors must have a Bachelor's degree or higher and at least five (5) years of full-time or equivalent part-time professional experience in the childcare field, including early childhood education in a nursery school, kindergarten, child development center or educational institution, family childcare or*

school age childcare; in residential or human services; or investigative, law enforcement or regulatory administration work, of which one (1) year must have been in a leadership or supervisory capacity which may include classroom supervision and operating a child care program. Once hired, licensors are onboarded by the staff within their region in similar roles and in supervisory roles. Onboarding includes job shadowing and training on EEC policies and procedures.

5.5.6 Ratio of licensing inspectors

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

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

5.6 Ongoing Health and Safety Training

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

5.6.1 Required ongoing training of health and safety standards

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

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

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

DRAFT

c. Licensed family child care homes: *All applicable staff are required to take an annual EEC Essentials Refresher package. These trainings are available in multiple languages on EEC's StrongStart Learning Management System (LMS) and completion is tracked by EEC licensing staff. All staff that are included in the count for the maintenance of licensing ratios and group size must complete the entire package, regardless of the frequency that they work. This includes volunteers, interns, and substitutes that are counted in ratio*

d. License-exempt family child care homes: *NA, we do not have license-exempt FCCs*

e. Regulated or registered in-home child care: *NA, we do not license in-home child care providers*

f. Non-regulated or registered in-home child care: *All applicable staff are required to take an annual EEC Essentials Refresher package. These trainings are available in multiple languages on EEC's StrongStart Learning Management System (LMS) and completion is tracked by EEC licensing staff. All staff that are included in the count for the maintenance of licensing ratios and group size must complete the entire package, regardless of the frequency that they work. This includes volunteers, interns, and substitutes that are counted in ratio*

5.7 Comprehensive Background Checks

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

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

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

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

5.7.1 In-state criminal history check with fingerprints

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

☒ Yes.

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

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. *Click or tap here to enter text.*

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

☒ Yes.

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

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

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

☒ Yes.

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

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. *Click or tap here to enter text.*

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

☒ Yes.

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

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

DRAFT

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. *Click or tap here to enter text.*

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. *Click or tap here to enter text.*

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. *Click or tap here to enter text.*

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks. *Click or tap here to enter text.*

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. *Click or tap here to enter text.*

DRAFT

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

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check. *Click or tap here to enter text.*

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

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. *Click or tap here to enter text.*

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. *Click or tap here to enter text.*

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check. *Click or tap here to enter text.*

5.7.6 Interstate criminal history check

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. *Click or tap here to enter text.*

DRAFT

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. *Click or tap here to enter text.*

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

☒ Yes.

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

5.7.7 Interstate Sex Offender Registry (SOR) check

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. *Click or tap here to enter text.*

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. *Click or tap here to enter text.*

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

☒ Yes.

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

DRAFT

5.7.8 Interstate child abuse and neglect (CAN) registry check

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

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

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. *Click or tap here to enter text.*

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

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. *Click or tap here to enter text.*

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

☒ Yes.

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

5.7.9 Disqualifications for child care employment

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

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

DRAFT

- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

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

☒ Yes.

☐ No. If no, describe the disqualifying criteria: *Click or tap here to enter text.*

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

☒ Yes.

☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers: *Click or tap here to enter text.*

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

☐ Does not use them to disqualify employment.

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

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

☐ Does not use them to disqualify employment.

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

5.7.10 Privacy

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

DRAFT

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

☒ Yes.

☐ No. If no, describe the current process of notification: *Click or tap here to enter text.*

5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

☒ Yes.

☐ No.

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No.

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

☒ Yes.

☐ No.

iv. Get completed in a timely manner.

☒ Yes.

☐ No.

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

☒ Yes.

☐ No.

DRAFT

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

☒ Yes.

☐ No.

5.7.12 Provisional hiring of prospective staff members

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

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

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

a. FBI criminal background check.

☒ Yes.

☐ No. If no, describe. *Click or tap here to enter text.*

b. In-state criminal background check with fingerprints.

☒ Yes.

☐ No. If no, describe. *Click or tap here to enter text.*

c. In-state Sex Offender Registry.

☒ Yes.

☐ No. If no, describe. *Click or tap here to enter text.*

d. In-state child abuse and neglect registry.

☐ Yes.

☒ No. If no, describe. *EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks*

e. Name-based national Sex Offender Registry (NCIC NSOR).

☐ Yes.

☒ No. If no, describe. *EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks*

f. Interstate criminal background check, as applicable.

☐ Yes.

DRAFT

☒ No. If no, describe. *EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks*

g. Interstate Sex Offender Registry check, as applicable.

☐ Yes.

☒ No. If no, describe. *EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks*

h. Interstate child abuse and neglect registry check, as applicable.

☐ Yes.

☒ No. If no, describe. *EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks*

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

☒ Yes.

☐ No. If no, describe. *Click or tap here to enter text.*

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

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

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

☒ Yes.

☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. *Click or tap here to enter text.*

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

☐ Yes.

☒ No. If no, describe the current policy: *EEC expeditiously conducts all required Massachusetts checks and national fingerprint-based checks. A request is also made to the applicable state's child welfare, criminal history agency, and sex offender registry (where the child care staff currently resides). All requests are made within 45 days. However, information from out of state agencies can vary in response time, if a response is received at all.*

5.7.14 Responses to interstate background check requests

DRAFT

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

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

☐ Yes.

☒ No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. *EEC is not the agency responsible for providing this information to other states/territories. Any request for criminal history information is obtained through the MA Department of Criminal Justice and Information Services (DCJIS). If a request is made to DCJIS and all appropriate releases are submitted, DCJIS will provide a copy of the individual's criminal justice record.*

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

☐ Yes. If yes, describe the current policy. *Click or tap here to enter text.*

☒ No.

5.7.15 Consumer education website links to interstate background check processes

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

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: *https://www.mass.gov/eec-background-record-checks; https://www.mass.gov/child-care-program-licensing*

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

b. Interstate criminal background check:

i. ☒ Agency name

ii. ☐ Address

iii. ☒ Phone number

iv. ☐ Email

v. ☒ Website

vi. ☒ Instructions

vii. ☐ Forms

viii. ☐ Fees

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

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

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

c. Interstate sex offender registry (SOR) check:

i. ☒ Agency name

ii. ☐ Address

iii. ☒ Phone number

iv. ☐ Email

v. ☒ Website

vi. ☒ Instructions

vii. ☐ Forms

viii. ☐ Fees

ix. If not all boxes above are checked, describe: *EEC provides contact information for the agency that the individual should use to complete their interstate SOR check. The contact information includes a link to the agency's website which contains their address. The Massachusetts state agency that handles interstate SOR check requests will provide any necessary forms to the individual.*

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

i. ☒ Agency name

ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?

iii. ☐ Address

iv. ☒ Phone number

v. ☐ Email

vi. ☐ Website

vii. ☒ Instructions

viii. ☒ Forms

ix. ☐ Fees

DRAFT

x. If not all boxes above are checked, describe: *EEC provides contact information for the company that the individual should use to complete their interstate CAN check. The contact information includes a link to the company's website which contains their address. The Massachusetts state agency that handles interstate CAN check requests will provide any necessary forms to the individual.*

5.7.16 Background check fees

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

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

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented. *Click or tap here to enter text.*

5.7.17 Renewal of the comprehensive background check Renewal of comprehensive background check

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

☐ Yes.

☒ No. If no, what is the frequency for renewing each component? *EEC conducts a full comprehensive background check including all components every three (3) years.*

5.8 Exemptions for Relative Providers

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

5.8.1 Exemptions for relative providers

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

☐ No.

☒ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? *Relative providers are exempt from a portion of background check requirements. Only an in-state SOR check is required.*

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

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the

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

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

6.1 Supporting the Child Care Workforce

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

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

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. ☒ Providing program-level grants to support investments in staff compensation.

ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.

v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. ☒ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. ☒ Other. Describe: *Child care providers can access financial assistance for their own child care needs*

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. *EEC's C3 grant is provided to all licensed and funded providers that apply and the funding incorporates adjustments based on program staffing levels which the program can then invest in compensation increases. Data gathered over the past two and a half years of grant funding have shown increases in educator salaries over time and most programs report that they were able to do this without relying on tuition increases to cover these increased costs. EEC is also developing a new educator credentialling system, which will include potential professional pathways for credentialed educators. Once implemented, the credential will provide a framework around which recommendations and expectations for compensation can be developed.*

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. *EEC is using data from the C3 grantees to understand the current field's access to benefits. In the future, this information will support planning around ways to provide systemic support for access to benefits that are not well supported in the field. By leveraging insights gained from this data, EEC aims to implement targeted strategies to expand access to benefits such as health insurance, paid sick, personal, and parental leave, as well as retirement benefits for educators across Massachusetts. These efforts will be focused on addressing gaps in coverage and ensuring that all educators have access to essential benefits, thereby promoting their well-being, professional development, and retention within the early education and child care workforce.*

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. *EEC funds a regional network of Early Childhood Mental Health Grantees who provide consultation and support to early education and care programs across each licensing region. Clinicians experienced in behavioral and mental health consult with classroom teachers on children exhibiting challenging behaviors in the classroom. The clinicians are able to provide coaching and support to classroom teachers and Family child care educators on specific approaches to manage their classroom effectively. These grantees also provide mental health supports such as book groups and other self-care and stress reduction approaches for the early education and child care workforce. We also recently hired mental health specialists who will assist in supporting and managing the Early Childhood Mental Health grantees, working with Commonwealth Preschool Partnership Initiative (CPPI) Grantees who engage in expansion of special education services to community partners, and engaging with licensors and regional office staff on programs that work to prevent suspensions and expulsions.*

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e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. *EEC has been working with the Executive Office of Labor and Workforce Development (EOWLD) to establish registered apprenticeship models aimed at recruitment and retention of early childhood teachers. The registered apprenticeship model provides a structure and a set of foundational standards that can be readily incorporated into the classroom experience. Coaching and mentoring of newcomers to the field is also included to provide support and assistance as part of a retention strategy. Apprenticeships also offer incremental pay increases as part of the recruitment and retention design. We also partnered with the Massachusetts Department of Elementary and Secondary Education (DESE), identifying alignment within the emerging workforce in the Chapter 74 early childhood education vocational programs, and dual enrollment and Early College courses offered at many traditional high schools. Students enrolled in these programs have opportunities to explore the field, earn college credit toward an ECE certificate or degree, and realize the benefits of the articulation agreements available among high schools and community colleges. We also provide child care financial assistance to eligible staff working in early education programs through priority access to the waitlist and expedited enrollment. The entry income threshold is also increased to 85% for early education staff. Finally, we fund the Early Childhood Mental Health Consultation grant to send out clinicians experienced in behavioral and mental health to consult with classroom teachers on children exhibiting behaviors that challenge in the classroom. The clinicians are able to provide coaching and support to classroom teachers and Family child care educators on specific approaches to manage their classroom effectively.*

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. *EEC funds a Professional Development Academy where Family Child Care Programs and Leaders of Center Based and After and Out of School Time Programs can receive business training. The program offers synchronous instruction online, coaching and opportunities for reflective practice.*

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. ☒ Fiscal management.

ii. ☒ Budgeting.

iii. ☒ Recordkeeping.

iv. ☐ Hiring, developing, and retaining qualified staff.

v. ☐ Risk management.

vi. ☐ Community relationships.

vii. ☒ Marketing and public relations.

viii. ☒ Parent-provider communications.

ix. ☒ Use of technology in business administration.

x. ☐ Compliance with employment and labor laws.

xi. ☐ Other. Describe any other efforts to strengthen providers' administrative business: *Click or tap here to enter text.*

6.1.3 Strategies to support provider participation

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

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

b. Providers and staff who have disabilities: *Accessibility is also a core principle behind the development of all learning opportunities. The courses on the learning management system meet accessibility guidelines and the Professional Development Centers ensure the accessibility of all offerings.*

6.2 Professional Development Framework

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

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

6.2.1 Updates and consultation

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

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

☒ No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

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

☐ No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). *EEC strives to understand and address the diverse professional development needs of early education and out-of-school time educators across Massachusetts, including those currently working in the field as well as individuals interested in a future career in early education or out-of-school time. EEC is particularly committed to supporting the workforce in obtaining skills and competencies specific to the practice of providing quality care and education to children. Additionally, EEC places a strong emphasis on the development of the profession through the attainment of industry-recognized credentials, including certificates and degrees. Primary to this work is ensuring access to higher education and preparation programs through initiatives such as the Career Pathways Grant and ECE Scholarship. EEC is also committed to supporting the workforce pipeline and the recruitment of new educators into the profession as the sector works to rebuild and repair after the pandemic. EEC supports this initiative in partnership with MassHire Boards, and Professional Pathways initiatives designed to address recruitment and higher education navigation and placement. As a result of these efforts, EEC is working to promote clear and compelling career pathways for educators working in the mixed delivery system across a variety of positions and roles.*

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. *This work is currently under development.*

DRAFT

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. *The Board of Early Education and Care is also the State Advisory Council for Early Childhood Education and Care. EEC meets with the Board ten times a year and consults regularly on the development of workforce expectations. EEC also works with a legislatively mandated Workforce Advisory Council that includes representation from across the field of early education, higher education, the business community and the formal workforce development system.*

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. *EEC has established Career Pathways programs with the fifteen Massachusetts community colleges and Urban College. The Career Pathways programs aim to support early educators in the pursuit of their individual professional career aspirations. As part of this partnership, EEC and the colleges are currently identifying opportunities where credit for prior learning can be counted toward credit attainment and formalized in articulation agreements. In addition, fourteen of the fifteen Community Colleges are engaged in a collaborative effort to establish a foundational certificate in early childhood education available across the Commonwealth, consisting of a comprehensive sequence of courses designed to meet the needs of newcomers to the field, and support those currently in the field and interested in going beyond a certificate to earn a degree.*

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. *The demand for courses in languages other than English, along with supports for English language learning, remains high. The early education and care profession is culturally, racially, and linguistically diverse. This diversity brings incredible value to the field as children and families can connect with providers where they feel represented. Additionally, ensuring access to high quality credit-bearing coursework in languages other than English supports equity and inclusion of educators within the professional pathways EEC has designed and funded. As a result, EEC has established funding and collaboration with institutions of higher education (fifteen community colleges and Urban College of Boston) to provide courses, academic supports, cohort development, and the build out of pathways for educators who speak languages other than English. The programmatic design aims to engage a range of educator types (family child care, center-based and out of school time) in professional growth and optional attainment of a higher education degree in early childhood education.*

DRAFT

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

b. Does the Lead Agency use additional elements?

☒ Yes.

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

i. ☒ Continuing education unit trainings and credit-bearing professional development. Describe: *Credit bearing course work or continuing education units are required for certification to work as an educator or director in the field.*

ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: *All state funded professional learning providers consult regularly with EEC around statewide needs for the early education workforce and ongoing training development. Similarly, EEC provides grant funding to all community colleges with early education departments and works in a similar manner to coordinate access to courses and ongoing planning and development of the new credential.*

iii. ☐ Other. Describe: *Click or tap here to enter text.*

☐ No.

6.2.3 Impact of the Professional Development Framework

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

DRAFT

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? *The current certification requirements apply to educators working in center-based early education programs only. EEC is in the process of developing a credential that will apply to educators in all programs, including out of school time and family child care and will provide multiple pathways to advancement to reflect the diversity of the field.*

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? *EEC does not currently have a recommended salary scale.*

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? *EEC does have PDG funding and is using that grant to support the development of recommended salary expectations. An initial cost analysis reviewed current salaries and compared these to a variety of benchmarks including living wage estimates and public school salaries to develop a preliminary set of recommendations that informed cost modelling. These were reviewed by the EEC Board (the State Advisory Council).*

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? *Representatives of higher education and professional learning providers are included on the state's Workforce Council.*

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? *EEC currently collects salary and benefits information at the program level through the monthly C3 grant application process. Almost 90% of early education and care providers participate. Because this information is at the program level, disparities across individual educator characteristics cannot be identified but EEC is developing a new educator registry which will include salary information and will support such analyses.*

DRAFT

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? *EEC does not currently set any salary or benefit requirements. The C3 grants are available to all programs however and have demonstrated effectiveness at supporting salary increases while mitigating tuition increases.*

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

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

a. Licensed child care centers: *Educators in Large Group and School Age Child Care working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. Educators in small group and school age child care must complete ten hours of professional development activities per year. A Note about Diverse Learners: At least one third of the required professional development must address diverse learners. Diverse learners are defined as, Children who have special physical, emotional, behavioral, cognitive or linguistic needs or whose primary learning modality is visual, auditory, tactile or kinesthetic, who may require an adaptation in the environment, interaction or curriculum in order to succeed in their program.*

b. License-exempt child care centers*: Ongoing training requirements are being developed for our license-exempt providers. Requirements will include the EEC Essentials Refresher course which will be required for licensed and funded programs. .*

c. Licensed family child care homes: *Family Child Care [See 606 CMR 7.09(15)(f) 1. Educators in family child care working more than 25 hours per year but less than 10 hours per week must complete at least 5 hours of professional development activities per year. 2. Educators in family child care working more than 10 hours per week must complete at least 10 hours of professional development per year. A Note about Diverse Learners: At least one third of the required professional development must address diverse learners. Diverse learners are defined as, "Children who have special physical, emotional, behavioral, cognitive or linguistic needs or whose primary learning modality is visual, auditory, tactile or kinesthetic, who may require an adaptation in the environment, interaction or curriculum in order to succeed in their program." (606 CMR 7.02)*

d. License-exempt family child care homes: *EEC does not have license-exempt FCCs*

e. Regulated or registered in-home child care: *EEC does not have licensed ICCs*

f. Non-regulated or registered in-home child care: *Ongoing training requirements are being developed for our license-exempt providers. Requirements will include the EEC Essentials Refresher course which will be required for licensed and funded programs.*

DRAFT

6.3.2 Accessibility of professional development for Tribal organizations

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

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

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? *Our network of Professional Development Centers, located in each region throughout the state, provides training at no cost both through synchronous online sessions and in person. Trainings are provided in English, Spanish, Portuguese, Mandarin and Cantonese to reflect the main language needs of our workforce. The Professional Learning Communities, as they are called, include training in the following domains: Learning Environments and Curriculum; Guiding and Interacting with Children and Youth; Professionalism and Leadership; Observation, Assessment and Documentation; Partnering with Families and Communities; Program Planning and Development; Health, Safety and Nutrition; Understanding the Growth and Development of Children. In addition, EEC's partnerships with the fifteen community colleges and Urban College of Boston are centered on the diverse professional development needs of the communities they serve. The Career Pathways grant prioritizes reducing barriers to higher education by providing access to courses in languages other than English. Wrap around supports, including tutoring, mentoring, and academic advising, are part of the design and aim to encourage early educators to pursue additional courses beyond the initial EEC certification requirements.*

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: *Providers can access information on existing resources and services that Massachusetts makes available through Child Find efforts through the local school districts. In addition to federal law, Massachusetts state law requires "the school committee of every city, town or school district" to "identify children ages 3 to 21 residing therein who have a disability," as well as "diagnose and evaluate the needs of such children, propose a special*

education program to meet those needs, provide or arrange for the provision of such special education program." These efforts include consistent outreach to all local childcare agencies/programs with regard to conducting developmental screenings and assistance with accessing appropriate services or interventions as needed. In addition to Child Find efforts, programs are also able to access information and instructions on conducting developmental screenings, such as the Ages and Stages Questionnaire (ASQ) through local Coordinated Family and Community Engagement (CFCE) programs and the Commonwealth Preschool Partnership Initiative efforts. Programs use this ASQ as a Parent Centric approach to pinpoint development progress and identify delays in developmental areas including social, emotional, physical, or linguistic.

6.4 Early Learning and Developmental Guidelines

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

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. ☒ Research-based.

ii. ☒ Developmentally appropriate.

iii. ☒ Culturally and linguistically appropriate.

iv. ☒ Aligned with kindergarten entry.

v. ☒ Appropriate for all children from birth to kindergarten entry.

vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe: *Click or tap here to enter text.*

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. ☒ Cognition, including language arts and mathematics.

ii. ☒ Social development.

iii. ☒ Emotional development.

iv. ☒ Physical development.

v. ☒ Approaches toward learning.

vi. ☐ Other optional domains. Describe any optional domains: *Click or tap here to enter text.*

DRAFT

vii. If any components above are not checked, describe: *Click or tap here to enter text.*

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? *Massachusetts early learning and developmental guidelines are encompassed in many documents all developed at different timelines by both EEC and the Department of Elementary and Secondary Education. As a result, updates occur at different times, with the most recent revision completed this past year on the preschool health and physical education curriculum guidelines.*

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. *https://www.mass.gov/eec-learning-standards-and-curriculum-guidelines*

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. *EEC and the Department of Elementary and Secondary Education provide training and technical assistance in the use of the standards to inform curriculum implementation and ongoing formative assessment.*

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i. ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. ☒ Will be used as the primary or sole method for assessing program effectiveness.

iv. ☒ Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe: *Click or tap here to enter text.*

7 Quality Improvement Activities

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

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

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide

a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

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

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

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

DRAFT

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

7.2 Use of Quality Set-Aside Funds

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

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. *Our ACF – 218 will be added to the state plan page on the EEC website. https://www.mass.gov/lists/child-care-and-development-fund-ccdf-state-plans*

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

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

☒ Yes. If yes, describe current and future investments. *EEC contracts with six different entities, five regional Professional Development Centers (PDCs) and one state-wide academy, to provide universal access to free professional learning opportunities across the state. The PDCs coach program leaders on an array of topics and assist leaders in setting quality goals for their programs. Coaching topics often drive the PDCs' development of regional trainings. The PDCs work closely with the regional licensors, Program Quality Specialists, and Early Childhood Mental Health Consultation Programs to provide seamless support for programs. EEC also maintains an online learning management system that makes self-paced asynchronous and instructor-led courses available to all educators. Additionally, EEC contracts with family child care systems (FCC Systems) to provide*

professional development and onsite support to affiliated FCC educators through the child care financial assistance contract. FCC Systems provide monthly onsite visits, professional development days, and other resources to support quality practices, curriculum planning and, in some cases, training on business practices. Targeted professional development initiatives are in place to build organizational capacity to engage in continuous quality improvement in key areas, including support for social emotional learning and educational leadership. EEC contracts with a vendor to expand access to support for implementation of the Pyramid Model, with attention to establishing models that meet the needs of different program types in the mixed-delivery system. EEC contracts with three Early Childhood Support Organizations to provide multi-year intensive coaching and training to educational leaders in center based early education and care programs, including support for enhanced approaches to selection and implementation of high quality curriculum, child assessment, adult child interactions and instruction.

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

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

☐ Yes. If yes, describe current and future investments. *Click or tap here to enter text.*

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

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

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

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

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

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

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

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

vi. ☒ Yes. If yes, describe current and future investments. *EEC re-procured the Child Care Resource and Referral services in FY23, for contract execution on 7/1/2023. Through this new contract, CCRRs are required to support existing providers who accept child care financial assistance as well as recruit new providers into the child care financial assistance system. CCRRs are also required to connect providers with trainings and technical assistance to start, maintain, and grow their businesses and improve their services. This includes areas related to early childhood mental health, professional learning supports, and continuous quality improvement planning.*

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

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

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

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

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

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

ix. Accreditation support.

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

☐ Yes. If yes, describe current and future investments. *Click or tap here to enter text.*

DRAFT

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

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

☒ Yes. If yes, describe current and future investments. *EEC continues to invest in resources to support programs in understanding and working towards the state's quality domains and goals. These include continuous quality improvement training and resources, training and professional learning supports aligned with the specific expectations of each domain, and the alignment of the credential development with these standards. Much of this work is conducted by the statewide professional learning Academy and other contracts funded with CCDF funds. We have also hired Behavioral Health Specialists who will support and manage the Early Childhood Mental Health grantees, work with Commonwealth Preschool Partnership Initiative Grantees who engage in expansion of special education services to community partners and engage with licensors and regional office staff around programs that have children who exhibit challenging behaviors in an effort to prevent suspensions and expulsions.*

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

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

☐ Yes. If yes, describe current and future investments. *Click or tap here to enter text.*

8 Lead Agency Coordination and Partnerships to Support Service Delivery

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

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

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

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

8.1.1 Coordination with required and optional partners

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

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: *The state's Board of Early Education and Care serves as the State Advisory Council on Early Childhood Education and Care in Massachusetts. The Board is required to meet 10 times per year and the Commissioner of EEC formally serves as the Secretary of the Board. EEC works closely with the Board to discuss our work in expanding access to child care services and continuity of care and formally advance regulatory enhancements. These meetings also represent an important opportunity to share meaningful updates with the Board, stakeholders, and the general public, as well as promote increased understanding and recognition of impactful changes that EEC has made in recent years.*

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

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

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: *EEC encourages child care programs to allow service such as Early Intervention into programs for services as needed. EEC encourages providers to coordinate with the public schools and parent to allow children to return to the program after receiving services through the public schools. EEC is in the process of implementing a data sharing agreement with the Department of Elementary and Secondary Education (DESE) which will help EEC better understand the supply and demand for early education and care among children with disabilities. Through funding from DESE and an Interagency Service Agreement from EEC to DPH's Regional Consultation Program (RCPs,) resources are available to families to facilitate transitions from Early Intervention to Early Education and Care Programs and to support children eligible for Special Education Services. The RCPs provide ongoing support to children with disabilities who participate in Early Education and Care programs.*

DRAFT

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: *The Massachusetts Head Start Collaboration Office (HSCO) is a unit within EEC's Family Access and Engagement Division. This allows for close collaboration with the CCDF Director, to whom the Head Start Collaboration Office Director reports. Results of this collaboration include the following: Inclusion of Head Start voice in reforms; recognition of Head Start eligibility and enrollment practices in updated protocols; and increasing access through improved coordination across the CCFA mixed delivery system. HSCO's placement within EEC allows for the following collaborations as well: Head Start inclusion in Community Preschool Partnership Initiative (CPPI); consideration of Head Start/Early Head Start curricula in Early Literacy/Literacy Launch; alignment between Head Start educator requirements and planning for Educator Credentialing & Certification; inclusion of Head Start/Early Head Start staff in Career Pathways initiatives and EEC scholarships; inclusion of Head Start's "grow your own" models and Apprenticeship Programs; consideration for Massachusetts' most vulnerable children and families through Commonwealth Cares for Children (C3); alignment of approaches to supports for Continuous Quality Improvement; alignment between Office of Head Start 1303 facilities projects and EEOST facilities improvements; crosswalk of Head Start Program Performance Standards (HSPPS) and EEC Licensing Regulations; consideration of HSPPS in Child Care Licensing Regulation Revision; and identification of Head Start/Early Head Start programs in LEAD. In addition, the HSCO Director collaborates across several state agencies to achieve EEC's goals, including goals related to CCDF. These partnerships include units within Department of Public Health, Department of Children and Families, Department of Elementary and Secondary Education, Office of the Child Advocate, and Department of Mental Health and Department of Transitional Assistance.*

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: *Through funding from DESE and an Interagency Service Agreement from EEC to the Department of Public Health (DPH) Regional Consultation Program (RCPs,) resources are available to families to facilitate transitions from Early Intervention to Early Education and Care Programs and to support children eligible for Special Education Services. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a conceptual framework of evidence-based practices and is widely accepted as best practice in the field of early childhood. This initiative coordinates Pyramid Model efforts with the Department of Public Health (DPH), Early Intervention (EI) program, and the Department of Elementary and Secondary Education (DESE).*

DRAFT

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

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: *EEC has partnered with the Massachusetts Department of Elementary and Secondary Education (DESE) on many initiatives to set standards, support coordination between districts and EEC licensed programs and build tools and support systems to further children's school success. Most recently, EEC has worked with teams at DESE to support ongoing collaboration between districts and EEC-licensed programs to coordinate services to expand access to preschool that is inclusive of full day, full year options for families, provides special education services across the mixed delivery system and implements aligned curriculum and joint professional development opportunities, with particular attention to building strong early language and literacy skills, social emotional skills, and helping families navigate the transition to Kindergarten. This builds on past work collaborating on the development of early learning standards and supporting out of school time programs in implementing high quality, play-based curriculum.*

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: *EEC is the child care licensing authority in Massachusetts.*

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: *EEC has coordinated extensively with the Department of Elementary and Secondary Education (DESE) to grow and support the CACFP. CACFP staff visit regional EEC offices to share updates on USDA requirements and attend regional 'working together' meetings on a regular basis. CACFP staff also regularly complete visits to programs and providers and will share updates and data with EEC. In addition, CACFP provides training to EEC providers and staff. Finally, to help with continuous improvement of the program, we recently hosted CACFP listening sessions with Project Bread and Strategies for Children.*

DRAFT

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: *EEC has a close relationship with the Statewide Homeless Coordinator/McKinney-Vento Coordinator at the Department of Elementary and Secondary Education through the Head Start Collaboration Office. Given the shelter crisis in Massachusetts, the McKinney-Vento Coordinator meets biweekly with EEC staff. This ensures that our homeless populations receive information about our services in a timely and respectful manner. Additionally EEC sits on two statewide working groups comprised of local community organizations and state agencies focused on meeting the wholistic needs of homeless families through improved coordination of services from access to basic needs to child care and workforce supports. Through this coordination, EEC has worked with local agencies and Coordinated Family and Community Engagement grantees to provide onsite playgroups, and play spaces in hotels that serve as shelters. Lastly, EEC partners with The MA Office of the Child Advocate and MA Center for Well Being and Trauma to provide series of training on supporting new arrival and displaced families in a trauma-informed and responsive way.*

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: *EEC regularly engages with the Department of Transitional Assistance (DTA), the agency administering the state's TANF program. This is done through biweekly meetings specific to child care for priority populations to discuss any policy or process items. Both agencies also communicate regularly to promote local collaboration between the CCRR agencies and DTA engagement staff. This has improved the experience of the families by providing a more unified and streamlined process for our DTA involved populations.*

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: *EEC is a partner in the MassHealth Children's Behavioral Health Initiative (CBHI), to ensure that children with MassHealth coverage, who have significant behavioral, emotional and mental health needs and their families get the services they need for success in home, school, community, and throughout life.*

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: *EEC meets with the Department of Mental Health (DMH) on a monthly basis to coordinate statewide responses to mental health needs specific to EEC populations served. EEC also collaborates with the Department of Elementary and Secondary Education (DESE) and the Department of Public Health (DPH) to ensure information, training and resources on social and emotional behavior is provided to the entire mixed-delivery system, which includes those working in family child care homes, center-based programs, and those that are exempt from licensing. EEC also coordinates Pyramid Model efforts with the DPH, Early Intervention (EI) program, and DESE in an effort to build cross sector, system-wide supports for early education and care programs to support the healthy social, emotional, and behavioral health of all children, and to strategically build the capacity of programs through supporting community-wide implementation, while maintaining fidelity of the Pyramid Model approach and reducing external support and coaching.*

DRAFT

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: *The child care resource and referrals agencies (CCRRs) are EEC partners in the administration of child care financial assistance and resource and referral information for families seeking assistance or child care related information. EEC meets weekly to biweekly with CCRRs to ensure families are receiving equitable access to early education and care assistance and resources. This includes tracking of child care referrals, applications and community resources with the goal of educating families of the availability of programs and assistance. We directly fund providers of professional development, through programs like the Professional Development Academy and Early Childhood Support Organization, and accept trainings provided by entities that are credited with Continuing Education Units (CEUs). We are also in the process of revising our approval process for other entities designing training for early education and care educators.*

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination results of the coordination: *EEC collaborates with a variety of afterschool entities to support the general operation of out-of-school time care and to ensure seamless transitions between early childhood programs and afterschool care. This coordination involves creating access to Child Care Stabilization funds to support general operations including things like personnel costs, professional development and curriculum. We have asked ASOST stakeholders for feedback and input on the development of credentials for their provider type, which will align curricula, staff training, and programmatic standards to maintain high-quality care. Joint training sessions and professional development opportunities are organized to ensure that caregivers and educators in both early childhood programs and afterschool care settings are equipped with the necessary skills and knowledge to support children's holistic development. Children enrolled in early childhood programs benefit from smoother transitions to afterschool care, as schedules, routines, and curricula are coordinated between the two settings. Working families have greater access to full-day child care services that meet their needs, as the coordination between early childhood programs and afterschool care extends the hours of available care. Finally, collaboration with statewide afterschool networks has fostered the exchange of best practices and the implementation of consistent quality standards across different care settings.*

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: *EEC has engaged with the Massachusetts Emergency Management Agency (MEMA) in development of its emergency preparedness and response plan. EOE or EEC designates staff from the agency to participate in MEMA's cross agency emergency response team and works with them to ensure EEC programs are considered in all disaster response.*

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

    i. ☒ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: *EEC administers the Head Start State Supplemental Grant that supports all Head Start/Early Head Start (EHS) programs, including EHS-Child Care Partnerships programs.*

ii. ☒ State/Territory institutions for higher education, including community colleges. Describe: *EEC in partnership with the Department of Higher Education has worked closely to support access to scholarships funding for educators currently working in early education and out of school time programming. We have worked closely to ensure that scholarship funds are accessible and support degrees most closely relevant for those working early education and out of school time programs.*

iii. ☐ Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: *Click or tap here to enter text.*

iv. ☒ State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: *The Head Start Collaboration Office (HSCO) partners with the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to ensure coordination and collaboration. EEC's HSCO Director meets with the MIECHV Director monthly to ensure open communication about programs the children that both organizations serve, especially children living in shelter and children experiencing homelessness.*

v. ☐ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: *Click or tap here to enter text.*

vi. ☒ State/Territory agency responsible for child welfare. Describe: *EEC serves children involved through the Department of Children and Families (DCF) Related Child Care program. This program is an entitlement for DCF children. EEC contracts with providers and offers vouchers to all DCF children in need of child care. EEC partners with DCF, CCRRs and Programs to facilitate access for families. There are staff within all of our partner organizations to facilitate this effort.*

vii. ☒ Child care provider groups or associations. Describe: *EEC engages with various provider groups and associations regularly as the agency's Advisory and Workforce Councils are primarily comprised of representatives from various provider groups, associations, and other stakeholder populations. The Massachusetts Head Start Collaboration Office Director meets on a monthly basis with directors and staff from Head Start/Early Head Start programs through the Massachusetts Head Start Association (MHSA). The HSCO Director also meets weekly with the Executive Director of MHSA to ensure open communication and partnership.*

viii. ☐ Parent groups or organizations. Describe: *Click or tap here to enter text.*

ix. ☐ Title IV B 21st Century Community Learning Center Coordinators. Describe: *Click or tap here to enter text.*

x. ☐ Other. Describe: *Click or tap here to enter text.*

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

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

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

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

8.2.1 Combining funding for CCDF services

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

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

☒ Title XX (Social Services Block Grant, SSBG)

☐ Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

☒ State- or Territory-only child care funds

☒ TANF direct funds for child care not transferred into CCDF

☐ Title IV-B funds (Social Security Act)

☒ Title IV-E funds (Social Security Act)

☒ Other. Describe: *Title XXI (Children's Health Insurance Plan, CHIP)*

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? *EEC pools funds to maximize the available federal revenue for the Commonwealth and to support full-day, full-year child care programming for working families and families who are in education and training programs.*

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

☒ Yes. If yes, describe which funds are used: *Commonwealth General Revenue funds*

☐ No.

b. Does the Lead Agency use donated funds to meet match requirements?

☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. ☐ Donated directly to the state.

ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: *Click or tap here to enter text.*

☒ No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

8.3 Coordination with Child Care Resource and Referral Systems

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: *The current CCRR responsibilities include: (1) Services to families, including ensuring families have access to high quality consumer information about their child care options, providing resources and referrals that meet their specific needs, and providing eligibility assessments and access to EEC child care financial assistance; (2) provide services to providers including recruitment and contract management, training and technical*

assistance, and monitoring; (3)coordination with other agencies and programs, including EEC Regional Operations/Licensing, the Department of Transitional Assistance (DTA), the Department of Children and Families (DCF), Mass211, Coordinated Family Community Engagement (CFCE) grantees, Educator and Provider Support (EPS)grantees, and service area communities and the early education field; and (4) general CCRR administration and management. CCRRs are responsible for collecting and reporting data to EEC, including data on services under Section 619 and Part C of the Individuals with Disabilities Education Act and data on the supply of and demand for child care services in the state. There are six CCRRs contracted by EEC who also operate as a statewide network. EEC holds brief calls every week with the Network to coordinate urgent priorities. The Network also holds longer monthly meetings with each other and EEC to coordinate efforts across the Commonwealth.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: *In service of improving program quality, EEC has been engaged in a public-private partnership with a venture philanthropic organization called New Profit since 2019 to jointly fund, manage and evaluate a pilot of the professional development services through the Early Childhood Support Organization (ECSO) initiative. New Profit has committed approximately $8 million of funding to date, providing unrestricted funding to ECSO organizations in the initial scale up of the initiative, providing staff to coordinate the implementation of the initiative in partnership with EEC staff, and to fund an implementation and impact evaluation of the initiative. EEC's funding of the initiative increased each year and now fully funds the operational costs of the initiative. As the pilot phase of this initiative concludes in spring 2024, EEC plans to continue to fund the ECSOs, and partner with New Profit to provide funding for the evaluation activities.*

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

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a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? *The agency's Disaster Plan was updated in 2018 in response to a gas explosion in Massachusetts.*

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

i. The plan was developed in collaboration with the following required entities:

☒ State human services agency.

☒ State emergency management agency.

☒ State licensing agency.

☒ State health department or public health department.

☒ Local and State child care resource and referral agencies.

☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. ☒ The plan includes guidelines for the continuation of child care subsidies.

iii. ☒ The plan includes guidelines for the continuation of child care services.

iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. ☒ The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

☒ Procedures for evacuation.

☒ Procedures for relocation.

☒ Procedures for shelter-in-place.

☒ Procedures for communication and reunification with families.

☒ Procedures for continuity of operations.

☒ Procedures for accommodations of infants and toddlers.

☒ Procedures for accommodations of children with disabilities.

☒ Procedures for accommodations of children with chronic medical conditions.

vi. ☒ The plan contains procedures for staff and volunteer emergency preparedness training.

vii. ☒ The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe: *Click or tap here to enter text.*

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: *https://www.mass.gov/doc/eec-ccdf-state-plan-2019-2021-emergency-preparedness-plan/download*

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9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: *An individual that wants to file a complaint against a licensed child care provider needs to call the regional office. Either the licensor or supervisor will create a case in EECs licensing system. The complaint will be assigned for an investigation*

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: *EEC is committed to accessibility for all individuals. If a licensor cannot speak to a person in their primary language, EEC has a contract with a language access provider who may be able to translate depending on the language. The language access provider has multiple employees that can both speak and translate for both the individual filing the complaint and the individual taking the complaint.*

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: *A concerned party may contact the regional office that monitors a provider either via phone or email. This contact information is available online through our child care search website. If the provider is unlicensed, there is a separate complaint form that can be completed online.*

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

DRAFT

☒ Yes. If yes, describe: *When a complaint is filed, the licensor along with their supervisor and Regional Director, will review the complaint and determine if the complaint should: be escalated to the Investigative unit, remain with the Licensor or be closed as there are no regulatory violations alleged. This determination will typically occur within 48 hours. The investigation will then occur and should be completed within 30 days. However, there are times that it may take longer, such as when the compliant requires law enforcement or when medical information is not available within that timeframe. Depending on the allegation, a monitoring visit may occur when the investigation remains with the licensor. But visits are always conducted if the investigation is escalated to the Investigation's Unit. Once the investigation is completed, all non-compliances will require a corrective action plan. Depending on the allegation and corrective action plan, a monitoring follow up visit may occur at the program.*

☐ No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? *All complaints, and subsequent investigations, are maintained in EEC's computerized licensing system (LEAD) and are directly linked to the provider.*

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: *All investigations can be accessed on the consumer education website. Any individual can also contact EEC for redacted copies of investigations.*

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: *https://www.mass.gov/orgs/department-of-early-education-and-care*

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: https://www.mass.gov/child-care-program-licensing

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: https://www.mass.gov/info-details/eec-licensing-policies-forms-and-technical-assistance

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: https://www.mass.gov/lists/background-record-check-brc-policies

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: https://www.mass.gov/lists/background-record-check-brc-policies

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: *https://childcare.mass.gov/findchildcare*

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

☒ License-exempt center-based CCDF providers.

☐ License-exempt family child care CCDF providers.

☐ License-exempt non-CCDF providers.

☐ Relative CCDF child care providers.

☐ Other (e.g., summer camps, public pre-Kindergarten). Describe: *Click or tap here to enter text.*

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	☒	☒	☐	☐	☐
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	☒	☒	☐	☐	☐
Specialization or training for certain populations	☒	☒	☐	☐	☐
Care provided during nontraditional hours	☒	☒	☐	☐	☐

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

DRAFT

i. ☒ All licensed providers. Describe: *Beyond the information listed above, results for all licensed providers and license-exempt CCDF center-based providers show information about the CCR&R they work with. The consumer education website also shows information about when a license was first issued and most recently re-issued, and their renewal status. Additionally, if the program provides this information, the search pages will display information about fee structure, national accreditation, information about the program's environment (for example, if air conditioning is available), information about transportation options, details about meals and snacks, and the availability of other types of financial assistance (for instance sliding scale fees or reduced rates for siblings).*

ii. ☒ License-exempt CCDF center-based providers. Describe: *Beyond the information listed above, results for all licensed providers and license-exempt CCDF center-based providers show information about the CCR&R they work with. The consumer education website also shows information about when a license was first issued and most recently re-issued, and their renewal status. Additionally, if the program provides this information, the search pages will display information about fee structure, national accreditation, information about the program's environment (for example, if air conditioning is available), information about transportation options, details about meals and snacks, and the availability of other types of financial assistance (for instance sliding scale fees or reduced rates for siblings).*

iii. ☐ License-exempt CCDF family child care providers. Describe: *Click or tap here to enter text.*

iv. ☐ License-exempt, non-CCDF providers. Describe: *Click or tap here to enter text.*

v. ☐ Relative CCDF providers. Describe: *Click or tap here to enter text.*

vi. ☐ Other. Describe: *Click or tap here to enter text.*

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. ☐ Quality improvement system.

ii. ☒ National accreditation.

iii. ☐ Enhanced licensing system.

iv. ☐ Meeting Head Start/Early Head Start Program Performance Standards.

v. ☐ Meeting pre-Kindergarten quality requirements.

vi. ☐ School-age standards.

vii. ☐ Quality framework or quality improvement system.

viii. ☐ Other. Describe: *Click or tap here to enter text.*

DRAFT

b. For what types of child care providers is quality information available?

i. ☒ Licensed CCDF providers. Describe the quality information: *The child care search page on EEC's websites includes information about whether the program has accreditation from a national entity, such as NAEYC.*

ii. ☒ Licensed non-CCDF providers. Describe the quality information: *The child care search page on EEC's websites includes information about whether the program has accreditation from a national entity, such as NAEYC.*

iii. ☒ License-exempt center-based CCDF providers. Describe the quality information: *The child care search page on EEC's websites includes information about whether the program has accreditation from a national entity, such as NAEYC.*

iv. ☐ License-exempt FCC CCDF providers. Describe the quality information: *Click or tap here to enter text.*

v. ☐ License-exempt non-CCDF providers. Describe the quality information: *Click or tap here to enter text.*

vi. ☐ Relative child care providers. Describe the quality information: *Click or tap here to enter text.*

vii. ☐ Other. Describe: *Click or tap here to enter text.*

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

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

i. ☒ The total number of serious injuries of children in care by provider category and licensing status.

ii. ☒ The total number of deaths of children in care by provider category and licensing status.

iii. ☒ The total number of substantiated instances of child abuse in child care settings.

iv. ☒ The total number of children in care by provider category and licensing status.

DRAFT

v. If any of the above elements are not included, describe: *Click or tap here to enter text.*

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: *Providers must submit reports of serious injury or death to EEC using the LEAD tool and follow up directly with their licensor or contact the regional office if the licensor is unavailable. We (EEC) aggregate the number of cases on our website.*

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: *A finding by the Department of Early Education and Care that a child in child care was abused or neglected, pursuant to 606 CMR 7.11(4)(c)(3).1*

iii. The definition of "serious injury" used by the Lead Agency for this requirement: *An injury to any child which occurs while such child is in care which results in hospitalization or emergency medical treatment.*

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: *https://eeclead.my.site.com/EEC_DeatChildAbuseSeriousInjuryReports*

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

☒ Yes.

☐ No.

☐ Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: *https://www.mass.gov/info-details/child-care-resource-and-referral-agencies-ccrrs*

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

☒ Yes.

☐ No.

DRAFT

b. Provide the direct URL/website link to this information: *https://childcare.mass.gov/eec_ccrrsearch*

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

☒ Yes.

☐ No.

b. Provide the direct URL/website link to the sliding fee scale. *https://www.mass.gov/info-details/while-getting-child-care-financial-assistance; https://www.mass.gov/doc/parent-fee-chart-fy2024/download*

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. *EEC provides families with information through the Child Care Resource and Referral Agencies (CCR&Rs), Mass211, and EEC's network of Coordinated Family and Community Engagement (CFCE) grantees across the Commonwealth. Each of these entities have websites with downloadable materials and families can call for direct support. In addition to providing information about child care options, they may provide information on things like adult basic education and local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of organizations, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as Early Intervention, the Department of Elementary and Secondary Education (DESE), Department of Public Health (DPH), the Department of Mental Health (DMH), Department of Transitional Assistance (DTA), Department of Children and Families (DCF), and the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). Information may be provided in-person, via telephone, through online resources, or in printed materials. EEC established a dedicated webpage for families, providers and the general public to obtain information on Early Childhood Mental Health (ECMH): www.mass.gov/eec/ecmh. Through funding from DESE and an Interagency Service Agreement from EEC to DPH's Regional Consultation Program (RCPs,) resources are available to families to facilitate transitions from Early Intervention to Early Education and Care*

Programs and to support children eligible for Special Education Services. The RCPs provide ongoing support to children with disabilities who participate in Early Education and Care programs. Family Access Providers, Mass211 and CCRRs also provide information to families and providers as part of their contractual obligation. Families can receive individual consultations where these partners will inform families about other services available to them.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☐ Yes.

☒ No. If no, describe: *EEC CCDF information is available on our website and we do share information with DTA (MA's TANF and SNAP agency), Head Start, and across EEC's Coordinated Family and Community Engagement grantees who work directly in the community, sharing information with families.*

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. *EEC shares information through direct communication via our state, regional and community- based partners, by addressing a family's specific need on an individual basis, or through general communication across communities, which may include newsletters, email blasts and/or dissemination of online resources. EEC developed in partnership with the WGBH Educational Foundation and Boston Children's Museum Resources for Early Learning, a media-rich site of educational resources to help support adults, families and educators who teach, nurture, and care for children from birth to age five. These resources were developed by a team of early childhood experts, educators, and parents. WGBH's Resources for Early Learning contains activities for parents and early educators to engage with young children, parenting education videos, WGBH-themed videos and interactive games for young children that focus on language and science concepts, curricula for early educators, and professional development for early educators. These materials are available at: http://www.resourcesforearlylearning.org. Various research and best practice resources are also available on EEC's website at: https://www.mass.gov/info-details/child-development-guidance-for-parents-of-young-children. EEC supports parents in every community in the Commonwealth through a network of early educators who provide playgroups, developmental screening, referrals to other services, and parent education groups in easily accessible venues through the Coordinated Family and Community Engagement (CFCE) network and their website https://www.mass.gov/info-details/coordinated-family-and-community-engagement-cfce-network; Early Intervention Resources for Families: https://www.mass.gov/orgs/early-intervention-division; Early Childhood Development Screenings in partnership with the United Way: https://www.sharedservicesma.org/marketing-home/drive-screening-with-asq/; and PreK and Kindergarten Standards in Social-Emotional Development and Approaches to Play and Learning: https://www.mass.gov/eec-learning-standards-and-curriculum-guidelines. EEC also collaborates with the DESE and the DPH to ensure information, training and resources on social and emotional behavior is provided to the entire mixed-delivery system, which includes those working in family child care homes, center-based programs, and those that are exempt from licensing. EEC's partners include CCRRs, CFCE grantees, Mass 211, Educator and Provider Support (EPS) grantees, United Way, Head Start, and contracted providers, as well as state partners like DCF, DPH, and DTA. In addition, EEC has Pyramid Model Consortium trainings available on our educator professional development Learning Management System StrongStart: https://www.mass.gov/guides/eecs-strongstart-online-professional-development-system. Users include educators, administrative team leaders, and internally- based coaches. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a conceptual*

DRAFT

framework of evidence-based practices and is widely accepted as best practice in the field of early childhood. This initiative coordinates Pyramid Model efforts with the Department of Public Health (DPH), Early Intervention (EI) program, and the Department of Elementary and Secondary Education (DESE). The overarching goal is to build cross sector, system-wide supports for early education and care programs to support the healthy social, emotional, and behavioral health of all children, and to strategically build the capacity of programs through supporting community-wide implementation, while maintaining fidelity of the Pyramid Model approach and reducing external support and coaching.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: *EEC has a long standing partnership to implement the Pyramid Model in programs across the state to support strong attention to effective practices in support of healthy social emotional development. Through this work, EEC has posted self-paced courses on the learning management system around basic principles of this model and other related topics, like trauma-informed care as well as facilitated synchronous online courses targeted to special populations such as family child care and infants and toddlers. These are accessible to all educators in multiple languages. EEC also provides programs with opportunities to engage in multi-year coaching on the model and continues to develop related training and professional learning opportunities to build broad-based familiarity with these practices. Our Early Childhood Mental Health Consultation Program includes six regional partners who respond to requests from programs, within the mixed delivery system, to provide consultation regarding children presenting challenging behavior. The consultants offer program and classroom level support after observing and using tools such as the DECA Early Childhood Observation or the Pyramid Model TPOT (Teaching Pyramid Observation Tools) or TPITOS (Teaching Pyramid Model Infant-Toddler Observation Scale). They also make referrals to behavioral health providers and support families in understanding their child's needs and supporting healthy development. EEC also shares information with families, providers, and the general public regarding the social emotional and behavioral and mental health of young children through the Coordinator Family Community Engagement (CFCE) Network and specifically through each CFCE Network's Local Advisory Council. Covering all cities and towns in the Commonwealth, the CFCE provides both group based playgroups for families that model and describe best practices for brain development in children birth to school age. CFCE are also a hub for services, shared through their community-based Local Advisory Councils which meet a minimum of four times per year. Local Advisory Councils include parents of young children, is required to have participation from home Early Intervention, literacy based visiting programs, providers of early education and care, CCRRs, Libraries, WIC, Children with Disabilities representative, public school, and other stakeholders in the success of young children. Each CFCE has multiple channels to reach families, such as websites, social media, and email lists.*

DRAFT

Additionally, Local Advisory Council members share resources and information some families have access to a comprehensive array of service providers and access to information from several sources. We also recently hired mental health specialists who will assist in supporting and managing the Early Childhood Mental Health grantees, working with Commonwealth Preschool Partnership Initiative Grantees who engage in expansion of special education services to community partners, and engaging with licensors and regional office staff on programs that work to prevent suspensions and expulsions

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: *EEC will implement the following policies during the FY25-27 plan cycle. Suspension or expulsion of children from programs is to be limited to extraordinary circumstances and used as a last resort. Suspension and expulsion may only be considered if a child's behaviors present a serious ongoing threat to the health or safety of themselves or others* ***AND*** *the program has worked with caregivers and other appropriate team members to design and implement documented accommodations and interventions that did not reduce the risk to the health and safety of the child or others. Programs are strongly encouraged to engage with their Early Childhood Mental Health Consultation (ECMHC) grantee for at least three months before any suspension or expulsion may be considered and are expected to demonstrate a good faith effort to implement the strategies identified and clearly documented in the consultation before imposing exclusionary practices on any child.*

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: *Our policies will be the same for both 'age 5 and under' and 'school age. Suspension or expulsion of children from programs is to be limited to extraordinary circumstances and used as a last resort. Suspension and expulsion may only be considered if a child's behaviors present a serious ongoing threat to the health or safety of themselves or others* ***AND*** *the program has worked with caregivers and other appropriate team members to design and implement documented accommodations and interventions that did not reduce the risk to the health and safety of the child or others. Programs are strongly encouraged to engage with their Early Childhood Mental Health Consultation (ECMHC) grantee for at least three months before any suspension or expulsion may be considered and are expected to demonstrate a good faith effort to implement the strategies identified and clearly documented in the consultation before imposing exclusionary practices on any child.*

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic

Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,

- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

☐ Yes.

☒ No. If no, describe: *Early and periodic screenings are offered but not through Medicaid, Title XIX, or the Individuals with Disabilities Education Act.*

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

☒ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: *Child Care Resource and Referral agencies (CCRRs) are encouraged to refer families to local Coordinated Family and Community Engagement (CFCE) programs who provide the Ages and Stages Questionnaire (ASQ) development screening for any interested family. CFCEs provided over 6,000 ASQs in FY23.*

☐ No. If no, describe: *Click or tap here to enter text.*

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

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective

internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: *EEC organizes units by core functions for clear delineation of authority and responsibilities and we have increased staffing to allow more delegation of duties and multiple sign-offs in decision making. We have clear segregation of duties within and between units to ensure that no one person is completing all steps in a single process. We have created a Project Management Office (PMO) to help with cross unit communication and coordination of activities. The PMO ensures that all relevant staff are included in any large-scale project and that information is disseminated to all staff who may need to know of the activity. Fiscal and program staff also have regular check-in meetings to ensure alignment across funding and contracting. We now have functionality within Child Care Financial Assistance System (CCFA) that requires a second review and approval of eligibility determinations. This has increased control through a second review and approval for all authorizations and reauthorizations. We have also established a Family Access and Engagement unit which is tasked with monitoring providers and offering technical assistance if a provider is committing errors regularly. The Audit Resolution Unit and the Financial Assistance Unit preliminarily investigate providers and recipients of financial assistance, respectively. When a contracted provider, voucher provider or subsidy recipient is suspected of committing fraud, the case is referred to the Office of the State Auditor/Bureau of Special Investigations (BSI), who may initiate an in-depth investigation.*

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

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Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: *The Audit Resolution unit ensures that Child Care Resource and Referral agencies and contracted providers are in compliance with federal, state, and EEC policies and regulations. If non-compliance issues arise, it is the role of the head of the Audit Resolution unit and the Fiscal Monitors to assure audit resolution. This responsibility includes seeking the required payments from the Child Care Resource and Referral agency/contract providers of any federal financial assistance because of their failure to comply with federal laws and regulations. All child care expenditures (except for third trimester and special needs) are billed and tracked in EEC's Child Care Financial Assistance system, and the budget unit uses reports from that system to disaggregate expenditures. Reports related to ineligible service codes and parent fees paid by the agency are pulled on a monthly basis to ensure CCDF funds are not used for those purposes. The Budget unit tracks all operating account expenditures through a monthly draw book to ensure that funds are being allocated accurately across all funding streams and federal benchmarks are being reached within each grant year. This draw book also ensures that EEC is meeting the obligation and liquidation deadlines for each funding stream.*

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: *Contract scope of works are reviewed by Program, Budget, Procurement, and Legal units to ensure that they comply with federal and state regulations. All child care expenditures (except for third trimester and special needs) are billed and tracked in EEC's Child Care Financial Assistance system, and the budget unit uses reports from that system to disaggregate expenditures. Reports related to ineligible service codes and parent fees paid by the agency are pulled monthly to ensure CCDF funds are not used for those purposes. The Budget unit tracks all operating account expenditures through a monthly draw book to ensure that funds are being allocated accurately across all funding streams and federal benchmarks are being reached within each grant year. This draw book also ensures that EEC is meeting the obligation and liquidation deadlines for each funding stream.*

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: *The Budget unit has clear policy and procedures (outlined in Budget Unit Policy and Procedure document) to ensure multi-level sign-off for federal fiscal reporting with estimated dates for task completion. One individual prepares the report, another individual reviews the report, and a third individual submits the report. For state fiscal reporting, the Governor's budget team (Administration and Finance – ANF) sends deadlines for major milestones. The Budget unit drafts all fiscal reporting documents, which are approved to send to collaborating agencies (ANF, House and Senate Ways and Means). Any legislative fiscal reports are tracked by the Legislative Director.*

d. Other. Describe: *Click or tap here to enter text.*

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: *EEC follows all fiscal regulations and policies established by the Massachusetts Office of the Comptroller. EEC has clear segregation of duties in approving, encumbering, and payment of services using CCDF funds. EEC also uses multi-level approval processes for all parts of the fiscal process. The budget unit tracks all expenditures and ensures that only eligible funds are claimed against CCDF. Direct services are tracked by service code and service codes that are not CCDF eligible are segregated and paid for by state dollars.*

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: *A series of checks and balances are employed across the fiscal unit to ensure Budget, Procurement, Accounting, and Contract units are all operating in coordination. The Budget Unit creates spend updates regularly to review all encumbrances and spending. If encumbrances have not been created after budgetary approval, the Budget unit will follow up with the Procurement unit and/or Contracts unit to ensure contracts are executed. The Accounting unit distributes expenditure reports to all contract managers to ensure spend down of their contracts and grants. If a contractor or grantee is behind in submitting invoices for services rendered, the Accounting unit follows up with the Contract or Grant manager. The Procurement unit maintains a list of current contracts with end dates and follows up with Contract Managers and the Budget unit to ensure services are procured in a timely fashion to minimize disruption to services.*

c. How the results inform implementation. Describe: *If common errors are found, additional training is provided to either the individual staff member or the unit as a whole.*

d. Other. Describe: *Click or tap here to enter text.*

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: *EEC is planning a new risk assessment framework which will entail the following. EEC will conduct reviews of each unit's policies and procedures as it relates to internal controls. We will analyze the effectiveness of each units internal control system in six areas: Internal Environment, Objective Setting, Event Identification, Risk Assessment, Information and Communication, and Monitoring. Each unit's policies and procedures document will inform the controls put in place to ensure high and medium risk areas are fully reviewed and addressed.*

b. The frequency of each risk assessment. Describe: *Risk assessments are completed annually.*

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: *EEC identifies processes that are deemed high or medium risk in the agency and explores alternative processes to mitigate the risky behavior.*

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe*: The Program Integrity and Internal Control unit does desk reviews of the updated process to ensure the updated controls are effective. If there are continued risks or errors in the process, controls are updated until the process is moved to a low level risk rating.*

e. Other. Describe: *Click or tap here to enter text.*

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10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

   i. Describe the training provided to staff members around CCDF program requirements and program integrity: *Policy Advisories are distributed to all EEC staff and posted on EEC's website. The Audit Resolution and Family Access units receive training as policy advisories are released and changes are made. These trainings take place during weekly unit meetings as necessary. Staff involved in CCDF administration also take the CCDF Fundamentals courses offered by the OCC.*

   ii. Describe how staff training is evaluated for effectiveness: *The Audit Resolution unit hold weekly meetings to discuss changes to regulations and policies, as well as common issues observed during fiscal monitoring reviews.*

   iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: *EEC will develop written agreements with agencies who refer families for child care financial assistance. These written agreements will include yearly samples of eligibility to ensure current policies are being followed. If, during the Improper Authorization Project (IAP), EEC determines that there are patterns in the types of errors taking place, EEC will re-train subrecipients on that particular topic.*

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

   i. Describe the training for providers around CCDF program requirements and program integrity: *Policy Advisories are also distributed to all providers via email, the website, and EEC's Child Care Financial Assistance system. CCRRs also receive training when new policies are released and they in-turn hold orientations for new voucher only providers. EEC also holds trainings as necessary when policy advisories are released for Family Access Administrators. EEC also participates in bi-monthly meetings with DTA and DCF. These meetings serve as a regular checkpoint to address any child care challenges as it related to policies and procedures or administration of CCDF.*

   ii. Describe how provider training is evaluated for effectiveness: *Through the audit tracking reports, EEC tracks the type of errors that sub-recipients are making. The Audit units looks at the most frequent errors and tailors training to those topics. Training can either be individualized to a particular subrecipient, or, if the error is widespread, we would redo training and offer to the entire field.*

DRAFT

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: *EEC performs yearly risk assessments on all contracted providers and CCCRRs. If providers are categorized as high risk, EEC may train providers on a topic or characteristic that the providers share to mitigate the risk. The contracts for the CCRRs include Key Performance Indicators (KPIs) for various aspects of their duties. The KPI topics include Eligibility Services, Family Services, and Provider Services. KPIs are monitored on a quarterly basis and technical assistance is provided to a CCRR if they are not achieving their KPIs.*

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: *As a result of the Error rate review Triennial report results, EEC has adopted ongoing tracking and reporting of Fiscal Monitoring visit errors, non-payment errors, and improper payments. This tracking and reporting helps the Audit Compliance Resolution Unit meet its overall objective to ensure transparency and accountability within the subsidy program while minimizing Fraud, Waste, and Abuse. The two reports dedicated to tracking this information are: Subsidy Contract Spreadsheet and Subsidy Error Tracking Spreadsheet. Both reports are created each fiscal year to account for the current fiscal monitoring activities. This information is shared with EEC's CFO annually.*

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: *The Subsidy Contract Spreadsheet and Subsidy Error Tracking Spreadsheets are used to track audit results. The type of information tracked on the Subsidy Contract Spreadsheet includes: Provider information, current and previous fiscal year risk assessment score, Independent Audit Corrective Action Plan requirements (if applicable), last monitoring visit, current monitoring visit type, current status of monitoring visit, report release date, corrective action plan requirements (if applicable), and recoupment (if applicable). The Subsidy Error Tracking Spreadsheet includes number of overall case files vs the number of case files reviewed; the type of program (income eligible, referral programs, Young Parent, and Homeless), the type of error i.e. non-payment error, or improper payment error, and recoupment (if applicable). EEC uses these reports to determine an annual error rate, document areas where training is needed based on the error type and make applicable updates to Financial Assistance Policy and Procedure manuals. In addition, the Child Care Financial Assistance System may be updated to address functionality that may help mitigate future errors.*

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: *Click or tap here to enter text.*

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

DRAFT

a. ☐ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. *Click or tap here to enter text.*

b. ☒ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? *One area of weakness that EEC intends to address within our internal controls is the time that has lapsed since the last version of our controls document was finalized, which was in 2016.*

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. ☐ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

b. ☒ Run system reports that flag errors (include types).

i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *EEC audit staff utilize the following reports to aid in identifying intentional and unintentional program violations: over enrollment report, attendance reports, billing extract reports, and secondary approver reports. If a violation is found, the CCFA audit log report is used to find the affected client record, the type of record, the action taken, the date the action was taken, and user id of the individual that took the action. The record types included in the report are person, placements, attendance, and eligibility. CCFA requires subsidy administrators to state the reason for making an adjustment to each record, which helps with reviews conducted by the EEC Audit Unit*

ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *EEC audit staff utilize the following reports to aid in identifying intentional and unintentional program violations: over enrollment report, attendance reports, billing extract reports, and secondary approver reports. If a violation is found, the CCFA audit log report is used to find the affected client record, the type of record, the action taken, the date the action was taken, and user id of the individual that took the action. The record types included in the report are person, placements, attendance, and eligibility. CCFA requires subsidy administrators to state the reason for making an adjustment to each record, which helps with reviews conducted by the EEC Audit Unit*

iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *EEC audit staff utilize the following reports to aid in identifying intentional and unintentional program violations: over enrollment report, attendance reports, billing extract reports, and secondary approver reports. If a violation is found, the CCFA audit log report is used to find the affected client record, the type of record, the action taken, the date the action was taken, and user id of the individual that took the action. The record types included in the report are person, placements, attendance, and eligibility. CCFA requires subsidy administrators to state the reason for making an adjustment to each record, which helps with reviews conducted by the EEC Audit Unit*

c. ☒ Review enrollment documents and attendance or billing records.

i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *EEC's Audit Compliance and Resolution (ACR) Unit engages in risk assessment analysis, on-site monitoring, review of attendance records, review of billing records, and provides technical assistance through corrective action plans. EEC has adopted the Record Review Worksheet established by the Administration for Children and Families (ACF) as a result of Improper Payments Elimination And Recovery Act of 2010 (IPERIA). The worksheet was designed to identify improper authorizations which ACF believes are the source for improper payments. As part of the eligibility review, the fiscal monitors also interview staff, verify that both client and related provider files were organized, ensure accurate billings are submitted to EEC for payment, and review compliance with EEC's Financial Assistance Policy Guide. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. No Intentional Program Violations were discovered during these reviews.*

DRAFT

ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *EEC's Audit Compliance and Resolution (ACR) Unit engages in risk assessment analysis, on-site monitoring, review of attendance records, review of billing records, and provides technical assistance through corrective action plans. EEC has adopted the Record Review Worksheet established by the Administration for Children and Families (ACF) as a result of Improper Payments Elimination And Recovery Act of 2010 (IPERIA). The worksheet was designed to identify improper authorizations which ACF believes are the source for improper payments. As part of the eligibility review, the fiscal monitors also interview staff, verify that both client and related provider files were organized, ensure accurate billings are submitted to EEC for payment, and review compliance with EEC's Financial Assistance Policy Guide. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. No Unintentional Program Violations were discovered during these reviews.*

iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *EEC's Audit Compliance and Resolution (ACR) Unit engages in risk assessment analysis, on-site monitoring, review of attendance records, review of billing records, and provides technical assistance through corrective action plans. EEC has adopted the Record Review Worksheet established by the Administration for Children and Families (ACF) as a result of Improper Payments Elimination And Recovery Act of 2010 (IPERIA). The worksheet was designed to identify improper authorizations which ACF believes are the source for improper payments. As part of the eligibility review, the fiscal monitors also interview staff, verify that both client and related provider files were organized, ensure accurate billings are submitted to EEC for payment, and review compliance with EEC's Financial Assistance Policy Guide. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. 23 agency errors were discovered during these reviews.*

d. ☒ Conduct supervisory staff reviews or quality assurance reviews.

i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *EEC conducts on-site monitoring to ensure quality. Where applicable, non-payment errors and payment errors are detailed in the on-site monitoring reports. Corrective action plans are required when the review results in nonpayment and payment errors. The ACR Unit Supervisor is responsible for conducting a secondary review of all intentional program violations reported by the ACR Fiscal Monitors as well as approving all final reports and corrective action plans. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. No Intentional Program Violations were discovered during these reviews.*

DRAFT

ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *EEC conducts on-site monitoring to ensure quality. Where applicable, non-payment errors and payment errors are detailed in the reports. Corrective action plans are required when the review results in nonpayment and payment errors. The ACR Unit Supervisor is responsible for conducting a secondary review of all intentional program violations reported by the ACR Fiscal Monitors as well as approving all final reports and corrective action plans. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. No unintentional Program Violations were discovered during these reviews.*

iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *EEC conducts on-site monitoring to ensure quality. Where applicable, non-payment errors and payment errors are detailed in the reports. Corrective action plans are required when the review results in nonpayment and payment errors. The ACR Unit Supervisor is responsible for conducting a secondary review of all intentional program violations reported by the ACR Fiscal Monitors as well as approving all final reports and corrective action plans. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. 23 Agency errors were discovered during these reviews. 15 of the 34 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan. There were 23 agency errors (20-non payment and 3 payment errors) resulting in a 2% error rate.*

e. ☒ Audit provider records.

i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *EEC's Audit Compliance and Resolution (ACR) Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program as it relates to the auditing of provider records. This includes licensing status, contract requirements, attendance, and billing records. In FY23, the Audit Unit was able to complete 34 fiscal monitoring reviews and corresponding provider record checks. Each visit resulted in a final report that detailed the monitoring review process where applicable, non-payment errors and payment errors are detailed in the reports as well. 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. No Intentional Program Violations were discovered during these reviews.*

DRAFT

ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *EEC's Audit Compliance and Resolution (ACR) Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program as it relates to the auditing of provider records. This includes licensing status, contract requirements, attendance, and billing records. In FY23, the Audit Unit was able to complete 34 fiscal monitoring reviews and corresponding provider record checks. Each visit resulted in a final report that detailed the monitoring review process where applicable, non-payment errors and payment errors are detailed in the reports as well. 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. No unintentional Program Violations were discovered during these reviews.*

iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *EEC's Audit Compliance and Resolution (ACR) Unit engages in several activities to identify program violations and administrative error to ensure integrity of the CCDF program as it relates to the auditing of provider records. This includes licensing status, contract requirements, attendance, and billing records. In FY23, the Audit Unit was able to complete 34 fiscal monitoring reviews and corresponding provider record checks. Each visit resulted in a final report that detailed the monitoring review process where applicable, non-payment errors and payment errors are detailed in the reports as well. 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. No agency errors were discovered during these reviews.*

f. ☒ Train staff on policy and/or audits.

DRAFT

i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *In FY24, the EEC Financial Assistance Unit and Audit Unit held a comprehensive training program to improve both the theoretical and practical understanding of EEC's new Child Care Financial Assistance regulations, policies, and procedures. The training courses included: Principles of Engagement: This 2.5-hour course outlined the values driving EEC's effort to modernize our guidance, which is to provide a more family-centered operating model with a customer service approach. Program directors were encouraged to participate in addition to Family Access Administrators. Family Journey: This full-day course walked trainees through the refreshed view of the family journey procedures, from intake to reauthorization. Provider Experience: This full-day course provided a comprehensive overview of expectations for providers and covered enrollment and attendance, reimbursement based on enrollment, and change reporting. Program Integrity / Administrative Procedures: This half-day course equipped providers with procedures that are vital to ensuring families and providers are compliant with regulations, policies, and procedures. Topics included denials and terminations, improper payments and recoupments, complaints and investigations. 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.*

ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *In FY24, the EEC Financial Assistance Unit and Audit Unit held a comprehensive training program to improve both the theoretical and practical understanding of EEC's new Child Care Financial Assistance regulations, policies, and procedures. The training courses included: Principles of Engagement: This 2.5-hour course outlined the values driving EEC's effort to modernize our guidance, which is to provide a more family-centered operating model with a customer service approach. Program directors were encouraged to participate in addition to Family Access Administrators. Family Journey: This full-day course walked trainees through the refreshed view of the family journey procedures, from intake to reauthorization. Provider Experience: This full-day course provided a comprehensive overview of expectations for providers and covered enrollment and attendance, reimbursement based on enrollment, and change reporting. Program Integrity / Administrative Procedures: This half-day course equipped providers with procedures that are vital to ensuring families and providers are compliant with regulations, policies, and procedures. Topics included denials and terminations, improper payments and recoupments, complaints and investigations. 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.*

DRAFT

iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *In FY24, the EEC Financial Assistance Unit and Audit Unit held a comprehensive training program to improve both the theoretical and practical understanding of EEC's new Child Care Financial Assistance regulations, policies, and procedures. The training courses included: Principles of Engagement: This 2.5-hour course outlined the values driving EEC's effort to modernize our guidance, which is to provide a more family-centered operating model with a customer service approach. Program directors were encouraged to participate in addition to Family Access Administrators. Family Journey: This full-day course walked trainees through the refreshed view of the family journey procedures, from intake to reauthorization. Provider Experience: This full-day course provided a comprehensive overview of expectations for providers and covered enrollment and attendance, reimbursement based on enrollment, and change reporting. Program Integrity / Administrative Procedures: This half-day course equipped providers with procedures that are vital to ensuring families and providers are compliant with regulations, policies, and procedures. Topics included denials and terminations, improper payments and recoupments, complaints and investigations. 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.*

g. ☐ Other. Describe the activity(ies): *Click or tap here to enter text.*

i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): *EEC and the Massachusetts Office of the State Auditor/Bureau of Special Investigations (BSI) work collaboratively through a Memorandum of Understanding to review and investigate fraud and overpayments.*

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

DRAFT

i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: *With the approval of the 2025-2027 State Plan, EEC will implement a minimum $150 amount for reviews that result in an improper payment. The process will be initiated through the Audit Unit's post monitoring activities if an improper payment is determined.*

ii. ☒ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: *EEC works closely with the Massachusetts Operational Services Division and the Attorney General's Office, Division of Public Charities, in reviewing and following up with providers whose annual financial reports and/or filings indicate that improper payments may have occurred. In FY23 the EEC Audit Unit completed 145 risk assessment and assigned risk scores by utilizing Operational Service Divisions Uniform Financial Report Database. The Attorney General's debarment list was used to confirm that no EEC Contract was debarred. When a contracted provider, voucher provider or subsidy recipient is suspected of committing fraud, the case is referred to the Office of the State Auditor/Bureau of Special Investigations (BSI), who may initiate an in-depth investigation. EEC and/or the Auditor's Office may also refer the matter to the Attorney General's Office or District Attorney's Office for further civil or criminal legal action, which could include debarment and liquidation of assets. Between FY21-24, the Office of the State Auditor who normally conducts audits on internal controls surrounding eligibility determinations, did not conduct any independent audits on EEC contractors. In FY 2023, EEC referred 32 cases of suspected fraud by a subsidy recipient to BSI. Of those, 3 resulted in a determination of fraud, 5 resulted in a determination of no fraud, and 15 either resulted in a determination of 'Completed Pending Court' or 'Non-Court Calculation'.*

iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: *EEC places outstanding debts owed by contractors, providers, and/or subsidy recipients on the Commonwealth's Billing and Accounts Receivable Subsystem (BARS) which includes prior fiscal year improper authorized payments. Through BARS, invoices are generated to debtors that include instructions on how to make payments and notifications of any rights which the debtor may have to request a hearing to challenge the debt amount. In FY23, EEC had 303 clients on BARS with a total of $1.7 million owed to date. In that time frame, EEC collected $261,747.12 in revenue.*

DRAFT

iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: *Through EEC's automated eligibility and billing system called Child Care Financial Assistance System (CCFA), EEC can recoup any sums that must be repaid related to services provided within the current fiscal year from a provider's future payments. This includes payments that were improperly authorized for families who were ineligible for child care subsidies. EEC can also recoup any improper payments made to CCR&Rs through CCFA by reducing future payments for services provided within the current fiscal year. In FY23, the EEC Unit conducted 34 fiscal monitoring visits. Of those 34 visits, 3 providers required reduced payments through CCFA.*

v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *If the debtor fails to make any payments on a timely basis, the Commonwealth may initiate a collection action against the debtor and/or intercept any other Commonwealth funds being paid to the debtor including, but not limited to, the intercept of tax refund payments. In FY23, 222 intercepts took place totaling $86,075.37 collected in revenue.*

vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: *All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families including family child care systems and CCR&Rs 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: *Click or tap here to enter text.*

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

☐ No.

☒ Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper

DRAFT

payments due to unintentional program violations. Include a description of the results of such activity.

i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: *With the approval of the 2025-2027 State Plan, EEC will implement a minimum $150 amount for reviews that result in an improper payment. The process will be initiated through the Audit Unit's post monitoring activities if an improper payment is determined.*

ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: *EEC places outstanding debts owed by contractors, providers, and/or subsidy recipients on the Commonwealth's Billing and Accounts Receivable Subsystem (BARS) which includes prior fiscal year improper authorized payments. Through BARS, invoices are generated to debtors that include instructions on how to make payments and notifications of any rights which the debtor may have to request a hearing to challenge the debt amount. In FY23, EEC had 303 clients on BARS with a total of $1.7 million owed to date. In that time frame, EEC collected $261,747.12 in revenue.*

iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: *Through EEC's automated eligibility and billing system called Child Care Financial Assistance System (CCFA), EEC can recoup any sums that must be repaid related to services provided within the current fiscal year from a provider's future payments. This includes payments that were improperly authorized for families who were ineligible for child care subsidies. EEC can also recoup any improper payments made to CCR&Rs through CCFA by reducing future payments for services provided within the current fiscal year. In FY23, the EEC Unit conducted 34 fiscal monitoring visits. Of those 34 visits, 3 providers required reduced payments through CCFA.*

v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *If the debtor fails to make any payments on a timely basis, the Commonwealth may initiate a collection action against the debtor and/or intercept any other Commonwealth funds being paid to the debtor including, but not limited to, the intercept of tax refund payments. In FY23, 222 intercepts took place totaling $86,075.37 collected in revenue.*

vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

DRAFT

vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: *All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families including family child care systems and CCR&Rs 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: *Click or tap here to enter text.*

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

☐ No.

☒ Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: *With the approval of the 2025-2027 State Plan, EEC will implement a minimum $150 amount for reviews that result in an improper payment. The process will be initiated through the Audit Unit's post monitoring activities if an improper payment is determined.*

ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: *EEC places outstanding debts owed by contractors, providers, and/or subsidy recipients on the Commonwealth's Billing and Accounts Receivable Subsystem (BARS) which includes prior fiscal year improper authorized payments. Through BARS, invoices are generated to debtors that include instructions on how to make payments and notifications of any rights which the debtor may have to request a hearing to challenge the debt amount. In FY23, EEC had 303 clients on BARS with a total of $1.7 million owed to date. In that time frame, EEC collected $261,747.12 in revenue.*

DRAFT

iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: *Through EEC's automated eligibility and billing system called Child Care Financial Assistance System (CCFA), EEC can recoup any sums that must be repaid related to services provided within the current fiscal year from a provider's future payments. This includes payments that were improperly authorized for families who were ineligible for child care subsidies. EEC can also recoup any improper payments made to CCR&Rs through CCFA by reducing future payments for services provided within the current fiscal year. In FY23, the EEC Unit conducted 34 fiscal monitoring visits. Of those 34 visits, 3 providers required reduced payments through CCFA.*

v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *If the debtor fails to make any payments on a timely basis, the Commonwealth may initiate a collection action against the debtor and/or intercept any other Commonwealth funds being paid to the debtor including, but not limited to, the intercept of tax refund payments. In FY23, 222 intercepts took place totaling $86,075.37 collected in revenue.*

vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: *All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families including family child care systems and CCR&Rs 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: *Click or tap here to enter text.*

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

DRAFT

i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: *In accordance with EEC's Financial Assistance Regulations, if Massachusetts determines that an applicant or recipient of subsidized child care committed fraud as part of their application, EEC reserves the right to disqualify the individual until the improper payment is repaid/recouped. Any time an applicant's child care subsidy is denied, terminated, or reduced or a recoupment is issued, the individual has the right to seek an appeal. If the individual does not agree with EEC's final decision, they may seek further appeal of the decision in Superior Court. EEC created a tiered sanctions system for Intentional Program Violations and Fraud with 12-, 24-, and 36-month disqualifications depending on the severity and number of occurrences. Parent's appeal rights have remained the same.*

ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: *If a provider managing subsidized child care committed fraud as part of their role as a Subsidy Administrator, EEC reserves the right to terminate the subsidy contract until the improper payment is repaid/recouped. In FY23 there were no instances of provider disqualification.*

iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: *When a contracted provider, voucher provider or subsidy recipient is suspected of committing fraud, the case is referred to the Office of the State Auditor/Bureau of Special Investigations (BSI), who may initiate an in-depth investigation. EEC and/or the Auditor's Office may also refer the matter to the Attorney General's Office or District Attorney's Office for further civil or criminal legal action, which could include debarment and liquidation of assets. We have not had any prosecutions since our last state plan.*

iv. ☐ Other. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

DRAFT

Appendix 1: Lead Agency Implementation Plan

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

DRAFT

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		

DRAFT