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# **Report on Family, Friend, and Neighbor (FFN) Care**

Legislative Report - February 2026

## **REPORT OVERVIEW**

Pursuant to the requirements of section 186 of Chapter 140 of the Acts of 2024, the Department of Early Education and Care (EEC) submits the following report on Family, Friend, and Neighbor (FFN) care in the Commonwealth, as well as considerations regarding the feasibility and sustainability of providing additional support to FFN caregivers in Massachusetts.

In researching and developing this report, EEC consulted with the Care That Works Coalition, a coalition that brings together union representation and community groups organizing paid and unpaid child caregivers. Over the last year, we have been working closely with the coalition and the providers they represent to conduct deeper learning about the FFN landscape and ensure the voices of FFN providers and advocates are centered in this work.

## **FAMILY, FRIEND, AND NEIGHBOR CARE LANDSCAPE IN MASSACHUSETTS**

Family, Friend, and Neighbor (FFN) care refers to child care provided by trusted family members, friends, or neighbors who are not licensed by EEC. This type of care can be paid or unpaid and is generally informal, rooted in existing personal relationships. Caregivers may include grandparents, aunts, uncles, close family friends, or neighbors who provide care either on a regular basis or as needed on a temporary basis. FFN care can also be a choice for families seeking more flexible, personalized care options. For some families, FFN care is seen as the first-choice option for child care and essential to the early education and care ecosystem.

A defining feature of FFN care is the strength of personal relationships. These caregiving arrangements can arise from pre-existing bonds that serve as both the foundation and catalyst for the care provided. Because these relationships are rooted in community and mutual trust, FFN caregivers often reflect the family's culture, values, and traditions—expressed through shared language, communication styles, religion, and even cuisine. In most cases, FFN caregivers are already deeply embedded within the family's social network.

Research shows that families in marginalized communities are more likely to rely on FFN care due to structural and systemic barriers that limit their options within the broader early education and care system. For many families, FFN care is often the most accessible, affordable, and culturally familiar option.

Outside of the EEC Child Care Financial Assistance (CCFA) system, FFN caregivers and the families who depend on them have limited interaction with the early education and care market. FFN care in Massachusetts operates outside of the purview of EEC and is not currently regulated or monitored like options such as licensed family child care or center-based programs. There are six Child Care Resource and Referral (CCR&R) agencies located across the Commonwealth that help families find child care and, if eligible, obtain CCFA. Some families accessing child care financial assistance for their FFN care arrangement may learn about this option through a CCR&R. Many FFN caregivers may not know there is a name for the type of care they are providing or that they may be eligible to become an informal child care provider through EEC.

This presents a challenge to formalizing and regulating FFN care, but it also can provide an opportunity to develop new policies and resources tailored to this type of care.

EEC currently considers FFN care through the lens of federal rules and regulations and refers to the caretakers participating in the CCFA system as Informal Child Care providers (ICC).

Leveraging federal Child Care Development Block Grant (CCDBG) funding, EEC recognizes and funds child care financial assistance via three different types of ICC providers:

1. Care provided by a relative in the relative’s home (RIRH)
2. Care provided in the child’s home by a relative (IHR); and
3. Care provided in the child’s home by a non-relative (IHNR).

CCFA-funded ICC providers are approved by EEC through a regional CCR&R agency and receive reimbursement for eligible families participating in the CCFA system. Before approval, EEC and CCR&R agencies verify that each provider meets all applicable requirements.

Although ICC providers operate outside the formal licensing system, they must still comply with a set of minimum health and safety requirements including and not limited to background record checks. These requirements are established under CCDBG and EEC policy to ensure that children in informal care receive care in safe and developmentally appropriate environments, while maintaining the informal and relationship-based nature of FFN care.

The requirements differ depending on whether the caregiver is a relative or non-relative, and whether the care occurs in the child’s home or the caregiver’s home (see Table 1 below).

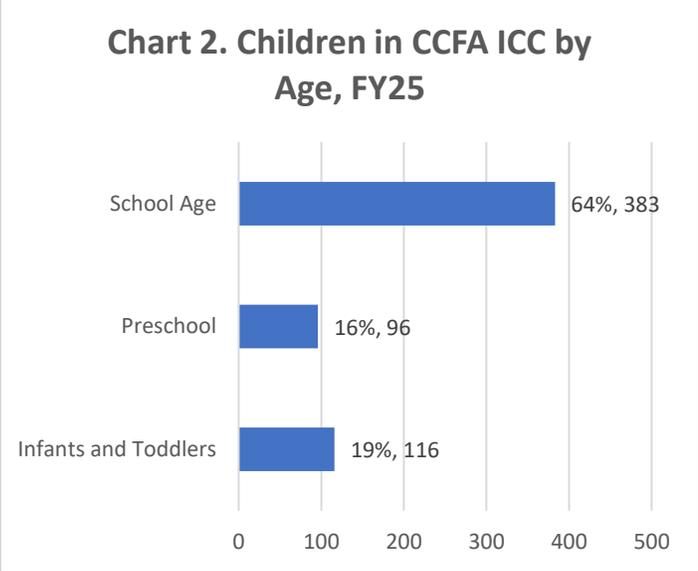
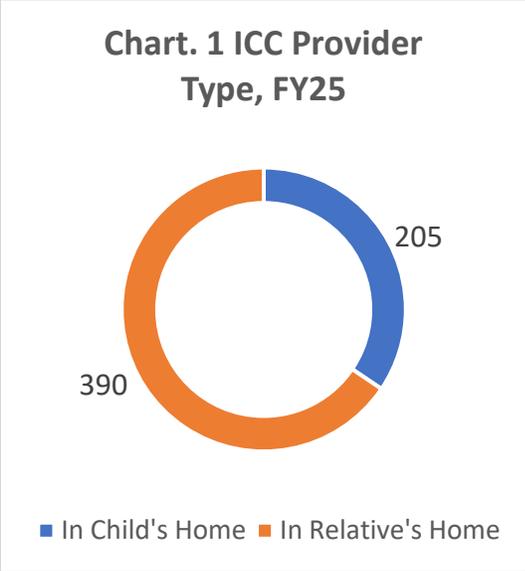
**Table 1. Summary of Background Record Check, Health and Safety, and Monitoring Requirements for EEC Funded (ICC) Caregivers**

	Relative Caregiver	Non- Relative Caregiver
<b>Location of Care</b>	Child or caregiver’s home	Child’s Home
<b>Example</b>	Grandparent or aunt providing care in the child’s or their own home	Family friend or neighbor caring for the child in the family’s home
<b>Background Record Check (BRC) Requirement</b>	SORI and NSOR checks only	Full BRC required: CORI, DCF, SORI, NSOR, fingerprint-based check, and all out-of-state checks as required by CCDBG
<b>Health &amp; Safety Requirements</b>	Completion of EEC Essentials 2.0 core health and safety trainings, including CPR/First Aid, safe sleep, emergency preparedness, infection control, and prevention of abuse and neglect	Must comply with all 14 EEC health and safety standards, including sanitation, safe sleep, medication administration, emergency preparedness, supervision, and record keeping

<b>Monitoring Requirements</b>	Light-touch oversight through documentation review and periodic verification by CCR&R or EEC	Annual announced EEC visits
<b>CCFA Rates</b>	<u>Child's Home</u> Part Time: \$10.40 Full Time: \$17.30  <u>Caregiver's Home</u> Part Time: \$14.74 Full Time: \$24.57	Part Time: \$10.40 Full Time: \$17.30

In FY25, there were 595 children served by 325 ICC caregivers. As the charts below show, of the ICC caregivers in EEC's CCFA system, most (59%) are relatives providing care in the relatives' home (also referred to as RIRH) with the remaining relative and non-relative caregivers (41%) caring for children in the child's home (referred to as IHR and IHNR). About two-thirds (64%) of the 595 children receiving CCFA were school age, 16% were preschool age, and the remaining nearly 20% were infants and toddlers.

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



The daily CCFA reimbursement rate for ICC care currently ranges from \$10.40 to \$14.74 per child per day (regardless of age and geographic region) for part-time care and \$17.33 to \$24.57 for full time care<sup>1</sup>. These rates are considerably lower than the daily rates for children in licensed programs. The part-time and full-time rate is currently differentiated based on whether the care is provided by a relative in the relative’s home or a relative or non-relative in the child’s home. In FY25, ICC providers received EEC payments for CCFA totaling almost \$2 million (\$1,980,754), which equates to less than 1% of the total CCFA budget.

## **FFN LEARNINGS FROM OTHER STATES**

Other states such as California, Louisiana, Minnesota, New York, and Washington have recently implemented strategies to strengthen FFN care. These approaches generally align around two core strategies: reducing barriers to access and investing in professional development and quality improvement while recognizing the less formal nature of FFN care.

As examples, in California, the *Child Care Initiative Project (CCIP)* offers FFN caregivers coaching, home visits, and stipends for training and materials to enhance quality and stability while maintaining flexibility within informal settings. Louisiana has focused on professional pathways by providing outreach and technical assistance through CCR&R agencies to help caregivers transition into registered family child care homes. Minnesota has FFN Navigators who provide individualized guidance, helping caregivers connect to training, health, and safety resources in a culturally responsive manner. In New York, a statewide network of community-based CCR&R agencies delivers information and training in multiple languages to help ensure that FFN caregivers have equitable access to available supports.

Collectively, these state models help to illustrate multiple pathways for supporting FFN caregivers ranging from coaching and technical assistance to formalized networks, partnerships, and collective agreements, all of which aim to help strengthen caregiver capacity and stability, improve program quality, and sustain and support access for families who rely on FFN care.

## **CONSIDERATIONS FOR IMPLEMENTING AND OVERSEEING AN FFN NETWORK**

For many families, FFN care offers a critical combination of affordability, flexibility, and cultural alignment that licensed child care programs may not always be able to provide. These arrangements can be especially valuable for families with lower incomes, those raising multiple young children, or parents working non-traditional or unpredictable hours. By meeting families where they are, FFN care helps parents remain in or return to the workforce—supporting both household stability and the Commonwealth’s broader economic vitality.

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<sup>1</sup> EEC’s Fiscal Year 2025 Child Care Financial Assistance Daily Reimbursement Rates can be found at EEC daily reimbursement rates can be found at <https://www.mass.gov/doc/fiscal-year-2025-child-care-financial-assistance-daily-reimbursement-rates/download>.

Creating and implementing a more robust and organized FFN Care Network in Massachusetts is an approach that could better support the broad array of needs and choices of families in need of care and expand access to affordable care options. At the same time, developing a sustainable and durable network will require thoughtful planning, resources, and collaboration across various sectors.

Below are some of the key areas for consideration and further exploration as the Commonwealth contemplates developing and implementing more formal supports for FFN providers:

### **Legal and Regulatory Framework**

Currently, FFN care providers are not subject to the same licensing oversight or professional development requirements as licensed child care centers or family child care homes in Massachusetts.

Implementing a network could require adjustments to Massachusetts' child care regulations. These adjustments could involve creating a new category of care providers and/or offering voluntary registration to FFN caregivers with basic screening and/or background checks, training, and home safety inspections to ensure a certain standard of quality while avoiding over-regulation.

### **Training and Support for Caregivers**

One of the key challenges for FFN caregivers is that they often lack access to professional learning opportunities and supports. Massachusetts/EEC could develop affordable or free online modules and/or community-based training programs to help ensure that FFN caregivers are equipped with the knowledge to provide safe and high-quality care.

Connecting experienced caregivers with new or less experienced ones through a formal mentorship or peer support program could foster community and knowledge exchange, creating a network of support and possibly offering opportunities for FFN providers to consider becoming licensed if that is in their interest.

### **Financial Incentives and Support**

Current CCFA daily reimbursement rates for ICC providers are very low. Massachusetts/EEC could explore changes to the current rate structure as well as increasing the rates paid to ICC providers, possibly in conjunction with potential increases in support, expectations for health, safety and quality programming, and professional development.

Any increase in ICC provider reimbursement rates along with any new health and safety requirements would require additional resources to support training, infrastructure, staffing, oversight, and potentially incentives to encourage provider participation.

### **Monitoring and Oversight**

A feasible approach needs to balance safety assurance and compliance with state and federal requirements for caregivers participating in CCFA. For example, Massachusetts/EEC could require all FFN caregivers participating in CCFA to meet the same core health and safety standards through basic accessible training and clear guidance. This could be a way to ensure safety standards are more consistent and aligned across all CCFA funded caregivers.

While not as frequent as monitoring visits for licensed child care providers, conducting periodic supportive check-ins could be a way to ensure safety standards are maintained. These could be in the form of home/virtual visits, phone calls, and/or digital surveys.

Many families and ICC providers may be concerned about more formal oversight or regulation, as FFN care is often valued for its flexibility, cultural responsiveness, and deep personal connection. At the same time, any CCFA-funded oversight model must consider safety expectations without placing undue burden on caregivers who are not operating as formal child-care businesses. For many families, trust in government systems has been shaped by prior experiences with public agencies, and overly complex or intrusive requirements may unintentionally discourage participation or create fear, confusion, or mistrust. Establishing clear, appropriate, and proportionate expectations is therefore essential in ensuring that safety is supported without compromising the relational nature of FFN care or placing unrealistic administrative responsibilities on caregivers. Balancing these dynamics is critical to designing an oversight approach that strengthens safety, maintains trust, and honors the unique role FFN caregivers play in meeting family needs.

### **Community and Family Engagement**

One of the benefits of FFN care is the close, pre-existing relationships between caregivers and the families they support. Any network would need to honor and maintain these personal connections while ensuring that funded ICC providers meet basic state requirements. Community outreach and engagement with family-focused organizations and community centers that are already trusted by community members could help strengthen the network.

A successful network would help to facilitate communication between families and caregivers, ensuring that families can find providers that meet their needs and caregivers can access resources and support.

### **Implementation Considerations**

To effectively evaluate and support an FFN care network, EEC would need to devote staff resources to engage FFN providers regularly, conduct a statewide needs assessment, review and potentially adapt current regulations and policies and procedures, and establish a multi-faceted infrastructure. This would involve a dedicated team within EEC to oversee the FFN network, including developing guidelines, providing training, and ensuring ongoing support for caregivers.

The Department would also continue to collaborate with external partners, such as CCR&Rs, Coordinated Family and Community Engagement programs, Community Labor United Inc.'s Care That Works pilot program, New England United for Justice, Inc., Service Employees International Union, Local 509, and other stakeholders.

## **NEXT STEPS**

Increasing investments in Family, Friend, and Neighbor (FFN) Care would provide multiple benefits to the early education and care ecosystem in Massachusetts. Many families choose this option as it best supports their family's preferences, needs and/or schedule, and in some areas of the state and for certain families, it is the only option available. To further support and expand supports for FFN providers and their families, EEC has identified the following potential actions:

1. Continue to engage with our partners in the Care That Works Coalition, as well as partners like Child Care Resource and Referral agencies.
2. Develop EEC staff capacity to engage with FFN providers regularly.
3. Conduct a statewide needs assessment to better understand the needs of FFN providers.
4. Standardize the application and orientation process across the state for FFN providers to participate in Child Care Financial Assistance.
5. Increase consumer education via the EEC website and other outreach efforts so more families are aware of FFN as an option.
6. Convene additional FFN focus groups to learn more about providers and families' needs.
7. Further explore/consider the reimbursement rate level and structure for FFN providers including consideration of other state strategies and other types of providers in Massachusetts.
8. Convene an FFN Advisory Committee that includes a diverse set of stakeholders, including members of the Care That Works coalition, to provide input to EEC about FFN needs and next steps.