

Compliance Requirements for Non-Relative Informal Funded Child Care Providers

Effective Date: 7/1/2024

Applicability: All Non-Relative Informal Funded Child Care Providers

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ACCESSIBILITY

This document has been created to be accessible to everyone. As such, there are built-in features that assist people of all abilities to read and navigate this document.

Table of Contents

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Navigation

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Underlined words allow readers to navigate to websites or specific definitions in the document by holding down the “Ctrl” button and using the left click on their mouse at the same time when hovering over underlined words.

BACKGROUND

The Massachusetts Department of Early Education and Care (EEC) is responsible for the regulation of early education and care programs and for providing financial assistance for child care services to low-income families, information and referral services, parenting support for all families, and professional development opportunities for staff in the early education and care field. The mission of EEC is to provide the foundation that supports all children in their development as lifelong learners and contributing members of the community and to support families in their essential work as parents and caregivers.

Pursuant to Federal law and regulations of 45 CFR Part 98.11(b)(2) and (8), EEC is the Lead Agency responsible for administering the Child Care Development Fund (CCDF) in Massachusetts. In November of 2014, Congress reauthorized the Child Care Development Block Grant (CCDBG), which is the federal law that authorizes CCDF. The purpose of the law is to better promote the health and safety of children in early education and child care settings, including those that are exempt from licensing or who are permitted to legally operate without a license and receive CCDF funding. In accordance with CCDBG, early education and care programs that receive CCDF funding for subsidized child care that operate outside of licensure will now be subject to additional health, safety, and monitoring requirements.

This document contains the Compliance Requirements for Informal Funded Child Care Providers (“Compliance Requirements”), including those that will be reviewed by EEC staff during annual on-site visits. These Compliance Requirements are not applicable to licensed EEC programs that are subject to 606 CMR 7.00 et seq. In developing these Compliance Requirements, EEC has sought to build on the strengths of the existing systems of licensing and program quality, put children and families first, and be flexible, transparent, and accountable.

All health and safety requirements included herein shall apply to Informal Funded Child Care Providers, where:

- The child or children are not related to the caregiver, and
- The care is occurring in the home of the child receiving subsidized care.

COMPLIANCE REQUIREMENTS

All non-relative funded informal child care providers shall demonstrate compliance with these Requirements in order to continue to receive CCDF funding to provide subsidized child care. EEC will determine compliance through the use of announced and unannounced monitoring visits.

9.01: Prevention and Control of Infectious Diseases

1) Proper handwashing

- a) Adults and children shall wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health guidelines. Hands shall be dried with individual or disposable towels or automatic hand blow-dryers. The use of common towels is prohibited.
- b) Sinks used for hand washing after diapering or toileting shall be separate from facilities and areas used for food preparation and food service

2) Proper cleaning, sanitizing, and disinfecting

- a) Equipment, materials, items, and surfaces shall be monitored for cleanliness, washed with soap and water, and disinfected or sanitized safely and as needed to maintain a sanitary environment, in accordance with EEC policy.
 - i. Cleaning, sanitizing, and disinfecting products shall not be used in close proximity to children; and
 - ii. Adequate ventilation shall be maintained during use of all cleaning, sanitizing, and disinfecting products.
- b) The solution used to sanitize or disinfect equipment, materials, items, or surfaces shall be either a bleach solution prepared in accordance with EEC guidelines or a commercially prepared solution that has been registered as either a Sanitizer or a Disinfectant (as appropriate) by the Environmental Protection Agency.

3) Health Precautions

- a) The Provider shall follow infection control guidelines (per the Center for Disease Control) designed to protect individuals from exposure to diseases spread by blood, bodily fluids or excretions that may spread infectious disease. Precautions include, but are not limited to, the use of personal protective equipment, proper disposal containers for contaminated waste, hand washing and proper handling of bodily waste.
 - i. Non-latex gloves shall be used for the clean-up of blood and bodily fluids.
 - ii. Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container.

- iii. Contaminated clothing shall be sealed in a plastic container or bag and returned to the parent at the end of the day.

9.02: Safe Sleep Practices

1) Safe sleep policies and practices

- a) The Provider shall follow safe sleep practices, as recommended by the American Academy of Pediatrics and EEC Safe Sleep Policy, at all times.
 - i. Infants shall be placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing;
 - ii. Infants who are younger than six months of age at the time of enrollment shall be under direct visual supervision at all times, including while napping, during the first six weeks they are in care;
- b) Cribs, port-o-cribs, playpens, toddler beds, or bassinets used for sleeping shall meet current Consumer Product Safety Commission and American Society for Testing and Materials safety requirements and guidelines.
 - i. Crib slats shall be no more than 2 3/8 (2.375) inches apart;
 - ii. Cribs shall have a firm, properly fitted mattresses with a clean fitted sheet;
 - iii. Cribs used for sleeping infants younger than 12 months of age shall not contain any potential head entrapment areas;
 - iv. Cribs, port-a-cribs, playpens or bassinets used for sleeping Infants younger than 12 months of age shall not contain pillows, comforters, blankets, bumper pads, stuffed animals, or any other soft, padded materials; and
 - v. Car seats, swings, and other sitting devices shall not be used for Infant sleep.
- c) The Provider shall have a safe sleep policy that is communicated to parents and is in accordance with EEC Safe Sleep Policy.

9.03: Administration of Medication

1) Administration, Labeling, and Storage of Medications

- a) Medications administered to a child by the Provider, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, shall be provided by the child's parent. No medication shall be administered without written parental consent.
- b) Prescription medications to be administered by the Provider shall be in the containers in which they were originally dispensed and labeled by the pharmacist, including the date the prescription was filled and clear instructions for administration.
- c) Medications shall be stored under the proper conditions for sanitation, preservation, security, and safety at all times. All medications shall be stored at the proper temperature, away from food, and inaccessible to children at all times, unless otherwise specified in the child's health care plan.
- d) Provider shall document all medications administered, in accordance with EEC guidelines, including the name of the medication, dosage, time and method of administration.

2) Individual Health Care Needs

- a) The Provider shall have procedures for identifying children with allergies and protecting children from that to which they are allergic.
- b) The Provider shall follow the directions of the parents and /or the child's physician regarding any food allergies, preparation, and feeding of special diets to child.
- c) Information about allergies and other known medical conditions shall be easily and readily available at all times, and shall accompany the child whenever leaving the home under the Provider's supervision.

9.04: Prevention and Response to Emergencies

1) Emergency Planning

- a) The Provider shall have a written plan detailing procedures for meeting potential emergencies including, but not limited to missing children, the evacuation of children from the home in the event of a fire, natural disaster, loss of power, heat or hot water or other emergency situation. The plan shall include, but not be limited to:
 - i. a method to obtain information from local authorities to determine whether to evacuate or shelter in place in the event of a natural disaster;
 - ii. escape routes from each floor level;
 - iii. a designated meeting place outside and away from the child care home;
 - iv. a method of contacting the fire department or other appropriate authorities after the home has been evacuated;
 - v. a method of communication with parents in the event of an emergency evacuation and notifying EEC and the Department of Children and Families (DCF), if required; and
 - vi. a means to assure that no child is left in the home after evacuation.

2) Emergency Preparedness

- a) The Provider shall be prepared to handle all emergency situations in an appropriate manner.
 - i. The Provider shall know the location of the children's medical information, the first aid kit, and all health and safety procedures pertaining to the care of children in the home, including emergency procedures, first aid procedures, and children's individual health plans.
 - ii. The Provider shall be able to communicate basic emergency information to emergency personnel.

3) Emergency Exits

- a) At least two separate exits to the outside shall be accessible, safe, easily identified, and kept clear of obstructions at all times, in accordance with EEC policy.

4) Emergency Information

- a) During child care hours, the Provider shall ensure that emergency information is easily accessible, on and off the child care premises. Emergency information shall include:
 - i. "Call 911" reminder;
 - ii. the telephone number and address of the home;

- iii. the telephone number of the Poison Control Center;
- iv. the name and telephone number of an emergency back-up person;
- v. the location of all emergency or life-saving medications, including but not limited to epinephrine auto-injectors, inhalers, and anti-seizure medications, that specifies to which child/children they belong;
- vi. a list of allergies and/or other emergency medical information provided by the parent for each child;
- vii. the name, address and telephone number of the child's pediatrician; and
- viii. the location of the first aid kit.

5) Emergency drills practiced monthly

- a) Monthly Emergency Practice Drills. Practice emergency, evacuation, relocation, and lockdown drills shall be held from each floor level of the space, at least monthly.
 - i. Drills shall be held during different times of the day and shall use alternative exits.
 - ii. Drills shall be documented in accordance with EEC requirements, including the date, time, exit route used, number of people evacuated, and effectiveness of each drill.

6) First Aid kit properly assembled and easily accessible

- a) Adequate first aid supplies shall be maintained, including, but not limited to: adhesive tape, band aids, gauze pads, gauze roller bandage, disposable non-latex gloves, instant cold pack, scissors, tweezers, thermometer, and CPR mouth guard.
- b) First aid kits shall be portable, easily and readily available at all times, and accompany the children anytime they leave the home under the supervision of the Provider.

7) Working phone available

- a) The Provider shall have access to a working telephone for the purpose of making and receiving emergency phone calls, whether on or off the child care premises, at all time when responsible for supervising children.

9.05: Fire Safety

1) Fire Safety

- a) Approved smoke detectors shall be maintained in operable condition and located on or near the ceiling throughout the home, in accordance with fire safety codes and guidelines.
 - i. The Provider shall maintain a safety log of smoke detector tests made monthly.
- b) Approved carbon monoxide detectors shall be maintained in operable condition and located throughout the home, in accordance with fire safety codes and guidelines.
- c) The use of portable heaters and portable radiators is prohibited during child care hours.
- d) Working fireplaces, stoves, and heating units in space used by children shall have a secure child proof barrier in place at all times, in accordance with EEC guidelines.
- e) The Provider shall be in room with the children whenever a fireplace is in use.

9.06: Building and Physical Premises Safety

1) Indoor Space

- a) All indoor space used for child care shall be monitored daily to ensure that it is safe, adequately maintained, and free from hazards and immediate health risks.
- b) All play equipment and furnishings shall be free from entrapment hazards.
- c) 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, shall be kept out of children's reach.
- d) Electrical outlets within the reach of children younger than school age shall be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings.
- e) Electrical cords shall be arranged so they are not a hazard to children. Electrical cords shall not be frayed or damaged.
- f) Stairways used by child care children shall be equipped with handrails.
- g) Water temperature in sinks used by children shall not exceed 120°F.

2) Outdoor Space

- a) All outdoor space used for child care shall be monitored daily to ensure that it is safe, adequately maintained, and free from hazards and immediate health risks, 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.
- b) All outdoor equipment, materials, furnishing, and toys shall be safe, clean, and in good repair. They shall be sturdy, safely constructed and installed, non-tippable, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, entrapment hazards, and other hazards that may be dangerous to children.

3) Access to Unsafe Areas

- a) The Provider shall use approved barriers to restrict access to any unsafe areas, including but not limited to windows, pools, standing water, wells, wood and coal burning stoves, fireplaces, heating units, hot tubs and whirlpools, a busy street or parking lot, dangerous machinery or tools, and weather-related and environmental hazards.
- b) All windows and glass doors accessible to children shall include secure screens in good repair. Windows used for ventilation shall be securely barricaded through the use of window guards or other means to prevent injury to children, or opened from the top.
- c) Providers serving children younger than three years old, shall place approved barriers at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations.
- d) Whenever pools are not in use, they shall be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access. All hot tubs, whether indoors or outdoors, shall be inaccessible to children.
- e) Porches and decks that are more than three feet from grade level shall be surrounded by a protective barricade. Porch and/or deck stairs shall be safely barricaded whenever the porch or deck is in use by children younger than three years old. Barricades shall be sturdy

and constructed in a way that will prevent a young child from going underneath, over, or through them.

4) Hazardous Objects and Toxic Substances

- a) Hazardous objects, including but not limited to matches, lighters, toxic materials, sharp objects, plastic bags, cosmetics, debris, broken glass, chipping, peeling or flaking paint, air fresheners, some art supplies, or small objects that could present a choking hazard to young children shall be removed and/or made inaccessible to children at all times.
- b) Toxic substances, including but not limited to household cleaners, sanitizers, disinfectants, detergents, pesticides, rock salts, floor and furniture polish, and bleach shall be removed or stored out of sight, separately from food and medications, locked and inaccessible to children at all times.

5) Firearms

- a) Firearms shall be kept unloaded and either stored in a locked cabinet or equipped with a trigger lock and stored in a safe, secured place out of the reach of children.
- b) Ammunition shall be stored separately from firearms, either in a locked cabinet or a safe, secured place out of the reach of children.

6) Smoking, Drugs, and Alcohol Use

- a) All individuals present in the child care space and/or with child care children will not smoke, use, or be under the influence of drugs or alcohol during child care hours.

9.07: Appropriate Supervision and Prevention of Maltreatment

1) Supervision

- a) The Provider shall exercise active supervision of all children, appropriate to their ages and developmental levels and in order to ensure their health and safety at all times. Such supervision shall include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, and transportation.
 - i. Providers shall not leave a child unattended in an Infant seat, on a changing table, or any other surface that could result in a fall;
 - ii. Providers shall be aware of children's activities at all times and in sufficient proximity to children at all times in order to be able to intervene quickly when necessary;
 - iii. Providers shall be positioned to maximize their ability to see and/or hear children in their care; and
 - iv. Providers shall not engage in any other activities or tasks that could unnecessarily divert their attention from supervising the children.
- b) Children younger than six months of age shall be under direct visual supervision at all times.
- c) Children shall be directly and actively supervised at all times during activities involving water, including tubs, pools, showers, or standing water.

2) Prohibited Practices

- a) The following practices are strictly prohibited:
 - i. spanking or other corporal punishment of children;

- ii. 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;
- iii. 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;
- iv. 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;
- v. 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; and
- vi. excessive time-out. Time-out may not exceed one minute for each year of the child's age and shall take place within a Provider's view.

3) Mandated Reporting

- a) Any form of abuse or neglect of children while in care is strictly prohibited.
- b) Every child care Provider is a mandated reporter under M.G.L. c. 119, § 51A and shall make a report to DCF whenever he/she has reasonable cause to believe a child in care 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. Upon receipt of allegations of abuse or neglect, the Provider will be subject to investigation of the allegations by the Department.

9.08: Group Sizes and Adult-Child Ratios

1) Adult-Child Ratios and Capacity

- a) The Provider shall care for no more than five children at any one time.
- b) Within the capacity of five, no more than three children under the age of two may be cared for, provided that at least one child is fifteen months of age and walking independently. All other children shall be older than twenty four months.
- c) All children in care shall be related to each other and living in the residence where the care is occurring. The exception to this would be if the Provider was also caring for his/her own children. If the Provider's own children will be present, they count in total capacity of children in care.

9.09: Transportation

1) Transportation plan, policies, and procedures in place

- a) The Provider shall have written parental consent to transport any child care children.
- b) The Provider shall have a current, valid driver's license and a car registration for the vehicle used to transport child care children.
- c) The Provider shall ensure adequate provisions for transportation safety on each vehicle during transport, including but not limited to a first aid kit, a working mechanism to make emergency telephone calls, and a seat belt cutter.

- d) Suitable car seats, safety carriers, restraints or seat belts shall be used by each child, driver and attendant in all vehicles. All car restraints shall meet the U.S. Department of Transportation Federal Motor Vehicle Safety Requirements guidelines and shall be crash tested and child approved.

9.10: Record Keeping

- 1) Complete and accurate record keeping- children's records
 - a) The Provider shall maintain a complete, accurate, and confidential file for each child that should be immediately available to the Provider (who should have parental/guardian consent for access to records), the child's parents/guardians, and EEC staff upon request.
 - b) The individual file for each child shall include:
 - i. Emergency Contact;
 - ii. Child's Physician Contact Information, including name, address, and telephone number;
 - iii. Information on allergies, special diets, chronic health conditions, or any special limitations or concerns, including medications and the possible side effects of those medications;
 - iv. Written proof from a physician or nurse practitioner that each child has received all age-appropriate immunizations;
 - v. Consent for transportation, if applicable;
 - vi. Permission to administer basic first aid and CPR;
 - vii. Permission to administer emergency medical treatment; and
 - viii. Permission to participate in off-site activities.
- 2) Complete and accurate record keeping – Provider Records
 - a) The Provider shall maintain a complete and accurate record that should be readily available to EEC staff, upon request. The record shall include evidence that the Provider has:
 - i. had a physical examination within one year prior to caring for children and has been immunized in accordance with the recommendations of the Department of Public Health;
 - ii. completed background record checks as required by EEC background record check regulations (606 CMR 14.00 et seq.) and policies;
 - iii. maintained current First Aid and Pediatric CPR certifications; and
 - iv. completed all required pre-service and ongoing health and safety trainings.

9.11: Required Notifications

- 1) Notification policies in place
 - a) The Provider shall notify parents immediately of any injury, allegation of abuse or neglect, minor first aid administered, identification of a communicable disease or condition, introduction of pets, or use of any herbicide or pesticide (prior to use, whenever possible).
 - b) The Provider shall notify EEC, in accordance with EEC requirements, including the following:

- i. Notification to the Department immediately of the death of any child which occurs while such child is in care, or resulting from an injury or event that occurred while the child was in care; any injury to any child which occurs during the hours while such child is in care and which requires hospitalization or emergency medical treatment; the contagious illness of a child that is a reportable condition as set by the Division of Communicable Disease Control, Department of Public Health; any time a firearm is brought into the home; any medication error which occurred while the child was in care; and any accident involving transportation of children when such transportation is provided by the child care Provider.
- ii. Report to the Department, in writing, within five days of the initiation of any legal proceedings brought against the Provider if such proceeding arises out of circumstances related to the care of children.
- iii. Notification to the Department by telephone within 24 hours in the event of an incident on the child care premises that results in a report to law enforcement officials or a response by the fire department (other than a false alarm) and that could impact the health, safety, and/or wellbeing of children in care, or in the event of the arrest of a Provider or person regularly on the child care premises.
- iv. Notification to the Department immediately after filing or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the Provider or during a child care related activity and immediately upon learning that a report has been filed naming the Provider or person regularly on the child care premises (including household members) an alleged perpetrator of abuse or neglect of any child.

9.12: Provider Training and Qualifications

1) Provider Training and Qualifications

- a) The Provider shall maintain current First Aid and Pediatric CPR certification, in accordance with EEC policies.
- b) The Provider shall have completed all required EEC Essentials 2.0 trainings, in accordance with EEC policy, including:
 - i. Emergency Response
 - ii. Food Safety
 - iii. Hazardous Materials
 - iv. Introduction to First Aid and CPR
 - v. Medication Administration
 - vi. Missing Child Prevention
 - vii. Physical Premises Safety
 - viii. Prevention and Control of Infectious Diseases
 - ix. Preventing Shaken Baby Syndrome
 - x. Protecting Children from Abuse and Neglect
 - xi. Safe Sleeping Practices
 - xii. Transporting Children Safely
 - xiii. Introduction to Child Growth & Development
- c) The Provider shall take the EEC Essentials Refresher trainings annually.

9.13: Background Record Checks

1) Background Record Checks

- a) The Provider shall have a background free of conduct which bears adversely upon his or her ability to provide for the safety and well-being of a child, pursuant to Department policy.
- b) A funded Provider shall complete the entire BRC process with a suitable finding before they can have unsupervised access to children and until the requirements identified in 6.13(1)(a) and 606 CMR 14.00 et seq. are met.

9.14: Applicability and Enforcement

1) Applicability and Enforcement

- a) The Compliance Requirements reflect basic standards for the provision of subsidized child care services to children cared for by Informal Child Care Providers that are subject to funding approval by the Department. Approvals for funding by the Department shall not relieve Providers of their obligation to comply with any other applicable state or federal statutory or regulatory requirements or requirements set forth in their contracts with state agencies. Whenever possible, these other statutory, regulatory, and contractual requirements shall be construed in a manner that is consistent with the Compliance Requirements.
 - i. Any employee of the Department may, at any reasonable time, visit and inspect any funded Provider or any premises in which care is given by a Provider that is subject to funding approval by the Department, in order to determine whether such premises or Provider is in compliance with the Compliance Requirements. Any employee of the Department may make oral and/or written inquiries to determine whether a funded Provider is providing child care in compliance with the designated Compliance Requirements.
 - ii. An employee of the Department may visit and inspect any premises used by a Provider to provide funded child care upon receipt of a complaint or allegations regarding compliance with the Compliance Requirements. Such visits will be conducted at any reasonable time, in order to determine whether any child is in jeopardy and/or whether such child care is provided in accordance with any Compliance Requirements applicable to such Providers.
 - iii. The Provider shall make available any information requested by the Department to determine compliance with any requirements applicable to funded Providers, by providing access to the child care premises, records, and child care information.
- b) Whenever the Department finds, upon inspection or through information in its possession, that a funded Provider and/or the premises used to provide subsidized child care is not in compliance with the Compliance Requirements, the Department may require the Provider to correct any non-compliances, as specified in a Corrective Action Plan.
 - i. The Corrective Action Plan shall include a statement of observations and indicate which Compliance Requirements the Provider has not complied with. The Corrective Action Plan shall prescribe the time period for correction, which shall be reasonable,

depending on the nature of the non-compliances cited and the time required for corrections.

- ii. Upon expiration of the time frame prescribed in a Corrective Action Plan, a duly authorized employee of the Department will determine compliance with such order by visiting the premises used to provide subsidized child care, reviewing documents, and/or verifying compliance through whatever other means the Department deems suitable.
 - iii. The Department may revoke the funded Provider's eligibility for funding in the event that significant non-compliance with these Compliance Requirements are identified, or the funded Provider fails to correct identified non-compliances within the specified time period.
- c) The Department shall make public the results of monitoring and inspection reports related to Provider compliance and/or violations of CCDBG requirements and EEC policies.