



**FAMILY CHILD CARE SYSTEMS MAY NOW ASSIST AFFILIATED
FAMILY CHILD CARE EDUCATORS WITH THEIR QRIS
APPLICATION AND SELF-ASSESSMENT THOROUGH THE QRIS
PROGRAM MANAGER**

In order to streamline the process and support Family Child Care Educators in their participation in the Massachusetts Quality Rating and Improvement System (QRIS), Family Child Care (FCC) Systems will be able to assist and support Family Child Care Educators affiliated with an FCC System in submitting QRIS Application data in the on-line QRIS Program Manager web application.

Prior to assisting any Educators, FCC Systems must receive the signed, informed consent of each Family Child Care Licensee whom they will be supporting in using the web based QRIS Program Manager. The individual, whom the FCC System will be assisting with the QRIS Program Manager, must sign an acknowledgment that s/he understands that the FCC System is assisting/supporting the individual with the EEC QRIS Program Manager and that the FCC System will have access to certain programmatic information regarding that licensee. Copies of the signed Consent form must be kept on file with the FCC System should any questions arise.

Attached is a sample acknowledgment that FCC Systems may use. Please contact the EEC Help Desk at 617-988-6625 should there be any questions regarding technical use of the QRIS Program Manager.

**CONSENT TO ALLOW FAMILY CHILD CARE SYSTEM TO SUPPORT AFFILIATED
EDUCATORS IN SUBMISSION OF QRIS APPLICATION**

I, _____, am a family child care educator affiliated with _____ (name of family child care system). I understand that the Family Child Care (FCC) System may assist me in submitting QRIS application information into the Department of Early Education and Care's (EEC) QRIS Program Manager. In order to support me during the QRIS application process, I understand that the FCC System will gain access to certain programmatic information such as my name, address, educational experience and work history, professional development trainings and other such relevant information that is part of the QRIS Application. I further understand that the FCC System will have access to my publicly available personal data found on the EEC Professional Qualifications (PQ) Registry. I further understand that the FCC System will not have access to my Social Security number, driver's license number, salary history, or any other information determined by EEC to be legally prohibited from re-disclosure. By signing this Consent, I authorize _____ (name of FCC system) to assist and support me in completing my FCC program information into QRIS Program Manager and _____ (name of FCC System) assist me in setting up a QRIS Application through EEC Sign Sign In User Account. I may withdraw this Consent at any time by notifying the FCC System in writing of such withdrawal.

I hereby authorize _____ (name of FCC System) to assist me in creating/updating my QRIS Application with the EEC QRIS Program Manager as outlined above. I may revoke this Consent at any time by notifying the FCC System of such in writing.

Signature

Date