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Child Care and Development Fund (CCDF) Plan

for

Alabama

FFY 2022 – 24

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, 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.

DRAFT

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Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Program Integrity and Accountability

These organizational categories reflect key goals of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements.

Citations

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce

the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site 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. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

1 Define Leadership and Coordination with Relevant Systems and Funding Sources

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

1.1 CCDF Leadership

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

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

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

a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: [Alabama Department of Human Resources](#)

Street Address: [50 N. Ripley Street](#)

City: [Montgomery](#)

State: [Alabama](#)

ZIP Code: [36130](#)

Web Address for Lead Agency: www.dhr.alabama.gov

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: [Nancy](#)

Lead Agency Official Last Name: [Buckner](#)

Title: [Commissioner](#)

Phone Number: [\(334\) 242-1162](tel:3342421162)

Email Address: Nancy.buckner@dhr.alabama.gov

1.1.2 Who is the CCDF Administrator?

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

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: [Bernard](#)

CCDF Administrator Last Name: [Houston](#)

Title of the CCDF Administrator: [Administrator for Child Care and Workforce Development](#)

Phone Number: [\(334\) 242-1427](tel:3342421427)

Email Address: Bernard.houston@dhr.alabama.gov

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

CCDF Co-Administrator First Name: [Jennifer](#)

CCDF Co-Administrator Last Name: [Connell](#)

Title of the CCDF Co-Administrator: [Division Director](#)

Phone Number: [\(334\) 353-4101](tel:3343534101)

Email Address: jennifer.connell2@dhr.alabama.gov

Description of the Role of the Co-Administrator: [Responsibility for the Office of Child Care Subsidy and the Office of Early Head Start-Child Care Partnerships](#)

1.2 CCDF Policy Decision Authority

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

- 1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(d)(1)). Check one.
- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
 - b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - State or territory. Identify the entity. [Click or tap here to enter text.](#)
 - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local entity(ies) can set. [Click or tap here to enter text.](#)
 - Other. Describe: [Click or tap here to enter text.](#)
 - ii. Sliding-fee scale is set by the:
 - A. State or territory. Identify the entity. [Click or tap here to enter text.](#)
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set. [Click or tap here to enter text.](#)
 - C. Other. Describe: [Click or tap here to enter text.](#)
 - iii. Payment rates and payment policies are set by the:
 - A. State or territory. Identify the entity. [Click or tap here to enter text.](#)
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set. [Click or tap here to enter text.](#)
 - C. Other. Describe: [Click or tap here to enter text.](#)
 - iv. Licensing standards and processes are set by the:
 - A. State or territory. Identify the entity. [Click or tap here to enter text.](#)
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set. [Click or tap here to enter text.](#)

- C. Other. Describe. [Click or tap here to enter text.](#)
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - A. State or territory. Identify the entity. [Click or tap here to enter text.](#)
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set. [Click or tap here to enter text.](#)
 - C. Other. Describe: [Click or tap here to enter text.](#)
- vi. Quality improvement activities, including QRIS are set by the:
 - A. State or territory. Identify the entity. [Click or tap here to enter text.](#)
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of quality improvement activities the local entity(ies) can set. [Click or tap here to enter text.](#)
 - C. Other. Describe: [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 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

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

CCDF Activity	CCDF Lead Agency	TANF agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who operates the quality improvement activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities. [The Lead Agency contracts with Conduent State and Local Solutions to issue payments through direct deposit to the child care provider’s bank account.](#)

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

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).
 - Tasks to be performed
 - Schedule for completing tasks
 - Budget which itemizes categorical expenditures in accordance with CCDF requirements
 - Monitoring and auditing procedures
 - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies.

[The Lead Agency enters into contracts with Child Care Management Agencies \(CMAs\) and Quality Enhancement Agencies \(QEAs\) to implement responsibilities of the CCDF program. Budgets are created based on funding allocations and targets established by each agency on the intended audience. Tasks to be performed and the schedule for completing tasks are outlined in the individual contracts. CMAs determine eligibility of families seeking assistance and provider registrations for participating programs providing care for eligible families. The CMAs undergo a yearly Improper Payment Review to monitor policy application and child care awards and payments. The QEAs submit quarterly reports that collect data and review program performance. Technical assistance and on-site visits are provided to both the QEAs and CMAs to monitor contract compliance. Comprehensive Regional QEAs also serve as Child Care Resource and Referral Agencies and assist parents in locating child care.](#)

- 1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states. [The Lead Agency Information and Technology Division oversees the systems where the Lead Agency is the owner of the code and software. Requests are forwarded to the division for response.](#)
- 1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information. [The use and disclosure of confidential information is described in the Lead Agency's policies and procedures for the Child Care Subsidy Program and in contracts with vendors implementing services on behalf of the Lead Agency. Policies dictate that all records are confidential and are not subject to public use or inspection. Only the appropriate staff is to have access to case records, and such access is restricted to the appropriate staff functioning in their official capacities. "Appropriate staff" means, exclusively, staff directly involved in administering services, for, or on behalf of, a parent and does not include staff in general. The use of social security numbers is voluntary, and benefits are not denied or withheld for failure of the parent to provide a social security number. Pseudo numbers are used in place of the SSN when not supplied by the client. The eligibility system will automatically generate a unique identifier in lieu of a social security number.](#)

1.3 Consultation in the Development of the CCDF Plan

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

- (1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

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

- 1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. – c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.
- a. Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. [Input on the State Plan was requested from local government agencies. Correspondence was sent to the League of Municipalities and the Association of County Commissions of Alabama requesting input on the CCDF Plan from their membership.](#)
 - b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body. [The Lead Agency met with its Child Care Citizen's Coordinating Committee, which serves as the agency's state advisory council, on the development of the plan in April 2021. The committee is charged with advising the Lead Agency on child care issues and making recommendations for ongoing services. The committee was also given a survey to complete in assisting with the development of the plan.](#)
 - c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place. [The Poarch Band of Creek Indians is the federally recognized tribal organization in the state. The tribal organization is represented on the Lead Agency's Child Care Coordinating Committee and participated in the survey for plan input.](#)
 - d. Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan. [The Lead Agency created a survey instrument seeking input from stakeholders on the state plan development. The survey was sent to local government agencies, tribal organization, advisory council members, child care advocacy groups, child care providers, and parents participating in the Child Care Subsidy Program.](#)
- 1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:
- a. Date of the public hearing. [June 9, 2021](#)
Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one

date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

- b. Date of notice of public hearing (date for the notice of public hearing identified in a.. [May 19, 2021](#)
Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).
- c. How was the public notified about the public hearing? Please include specific website links if used to provide notice. [Notice of the hearing was advertised in Alabama's eight largest newspapers. The notice advised of the date and location of the public hearing. To reinforce the notification process, notice of the public hearing was sent to the Lead Agency's 67 county offices, Child Care Management Agencies, and Quality Enhancement Agencies to facilitate broad access by the public. These agencies gave notice of the hearing through communication with parents and providers. Letters were sent to statewide provider associations within the state. Email notification and the draft plan were sent to members of Lead Agency's advisory group, the Child Care Citizen's Coordinating Committee. Members of this advisory group were asked for their input on the document. Notice of the date and location of the public hearing was posted on the Lead Agency's website.](#)
- d. Hearing site or method, including how geographic regions of the state or territory were addressed. [The hearing was held virtually through the Zoom platform. Participants had the opportunity to call in or join via the internet. Also, the public notice advised that written comments could be accepted by mail or email and contact information was provided in the notice.](#)
- e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.) [The draft plan was posted to the Lead Agency's website for viewing prior to the public hearing.](#)
- f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? [Public comment will be reviewed and changes will be made should the agency believe the comments can be implemented according to current policy.](#)

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

- a. Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed. www.dhr.alabama.gov/child-care/ under [More Information](#)
- b. Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.
 - Working with advisory committees. Describe: [Left blank intentionally](#)
 - Working with child care resource and referral agencies. Describe:

[Left blank intentionally](#)

- Providing translation in other languages. Describe: [Left blank intentionally](#)
- Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: [Click or tap here to enter text.](#)
- Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe: [Left blank intentionally](#)
- Working with statewide afterschool networks or similar coordinating entities for out-of-school time.
- Other. Describe: [Click or tap here to enter text.](#)

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families.
 - smoothing transitions for children between programs or as they age into school.
 - enhancing and aligning the quality of services for infants and toddlers through school-age children.
 - linking comprehensive services to children in child care or school-age settings.
 - developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.
- a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

- i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results: [The Lead Agency has met with local Economic Development Agencies about creating access to quality child care and creating opportunities for families to join the child care workforce. Discussions have been held concerning the development of child care options for families in need of non-traditional hours, work-site child care services, and extended day services for employees that work more than eight-hour days. The Lead Agency also coordinates with local municipalities and cities to identify local government expenditures on child care that can be certified as CCDF match. This identification of expenditures assists the Lead Agency in meeting the match requirement to access all available federal funding.](#)
- ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results: [The Alabama Department of Early Childhood Education \(DECE\) houses the work of the State Advisory Council through the Children's Policy Council and the Head Start Collaboration Office. The Lead Agency provides services to extend the day for children in Pre-K and Head Start programs. The Lead Agency collaborates with the DECE to implement practice-based coaching in the Lead Agency's Early Head Start – Child Care Partnership Program.](#)
- iii. Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted: [The tribal organization in Alabama is the Poarch Band of Creek Indians. The Lead Agency makes training and professional development opportunities available to child care facilities serving tribal families. All child care programs, including those serving tribal families, receive training calendars from the regional Quality Enhancement Agency that serves their county. The regional Quality Enhancement Agencies also list training opportunities on their individual websites. The Poarch Band of Creek Indians serves on the Lead Agency's Early Head Start – Child Care Partnership \(EHS-CCP\) Program Governing Committee and the Lead Agency's advisory body, the Child Care Citizen's Coordinating Committee.](#)
- N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.
- iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results: [A Memorandum of Understanding \(MOU\) was established between DHR, the Alabama Head Start Collaboration Office, the Alabama Department of Rehabilitation Services Division of Early Intervention and Children's Rehabilitation Services, and the Alabama State Department of Education Special on June 10, 2013. The purpose of this MOU is to strengthen the ability of these agencies to work collaboratively in identifying and serving children with disabilities from birth to age five and helping their families establish formal linkages with Part C providers and local education agencies.](#)

- v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results: [The Head Start State Collaboration Office is housed within the Alabama Department of Early Childhood Education. The State Collaboration Director serves on various committees for the CCDF Lead Agency, including the Child Care Citizen’s Coordinating Committee and the Early Head Start-Child Care Partnership Governing Committee. The coordination has led to shared services between Head Start, child care and pre-k, such as coaching, training, the cross-sector use of curriculum and assessment tools, and technical assistance. Coordination with the Head Start State Collaboration Office helps the Lead Agency coordinate the implementation of child care initiatives that impact Head Start and child care providers in the Lead Agency’s Early Head Start-Child Care Partnership Program.](#)
- vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results: [The Lead Agency coordinates with the Department of Public Health. This agency coordination provides statewide support to child care programs serving all age groups of children. The Department of Public Health, through the Healthy Child Care Alabama initiative, provides first aid training and CPR certification, health education and solutions related to or affecting children’s health and safety, and evaluation community child care needs. Members from the Alabama Department of Public Health also serve on the Lead Agency’s Child Care Citizen’s Coordinating Committee.](#)
- vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results: [The Lead Agency has met with local Economic Development Agencies about creating access to quality child care and creating opportunities for families to join the child care workforce. Discussions have been held to develop child care options for families in need of non-traditional hours, work-site child care services, and extended day services for employees that work more than eight-hour days.](#)
- viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results: [The Lead Agency coordinates with the Alabama Department of Education to provide quality extended-day services for school-age children through grants awarded to Local Education Agencies. Funds target rural areas and low-performing school sites. The goal of this program and agency coordination is to integrate strategies that enhance the quality of care in extended-day child care settings and increase the availability of quality out of school programs. The Alabama Department of Early Childhood Education is responsible for the public Prekindergarten for the state and coordinates with the lead agency for extended-day services for before and after school care. Programs participate in the Child Care Subsidy Program to offer assistance to families participating in the program.](#)
- ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results: [The Lead Agency is the also the state agency responsible for child care licensing. This enables the Lead Agency to the identify of eligible providers and reduces the amount of additional documentation requested from providers. The Office of Child Care Licensing conducts all Health and Safety monitoring visits for CCDF providers.](#)
- x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results: [Left blank intentionally.](#)

- xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results: [The Alabama State Department of Education \(ALSDE\) houses the McKinney-Vento State Homeless Program. Coordination efforts have resulted in training on Subsidy Program eligibility and services for city and county homeless liaisons and training for Child Care Management Agencies and Quality Enhancement Agencies and in the development of a priority eligibility policy for homeless families. ALSDE has representation on the Lead Agency's Child Care Coordinating Committee, which makes recommendations to the Lead Agency on the array of child care services offered by the Lead Agency.](#)
- xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results: [The Lead Agency is also the state agency for TANF \(Temporary Assistance for Needy Families\) services. The Child Care Services Division coordinates with the Family Assistance Division, who administers TANF, to provide priority for care for children of families participating in the TANF JOBS \(Job Opportunity and Basic Skills\) program. Services are offered through a referral system, thereby reducing the need for families to attend multiple interviews to assess eligibility. The goal is to provide priority access to child care for families participating in the program to enable the recipients to engage in work and/or training activities.](#)
- xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results: [The Alabama Department of Public Health \(ADPH\) operates the state's Children's Health Insurance Program. ADPH is a member of the Lead Agency's Child Care Citizen's Coordinating Committee and provides input to the Lead Agency on CCDF policy throughout year. The Lead Agency partners with the ADPH to implement Healthy Child Care Alabama, which provides nurse health consultant services and health and safety training to child care providers.](#)
- xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results: [Lead Agency . The Lead Agency also a founding member of First 5 Alabama which serves as the Alabama Association for Infant and Early Childhood Mental Health, a professional association to support increased competencies for child care and other service providers to address you children's mental wellness and social/emotional development.](#)
- xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results: [The CCDF Lead Agency contracts with nonprofit community-based agencies to administer eligibility services for the Child Care Subsidy Program and quality enhancement services, including training and consumer education. The Lead Agency's relationship with these local agencies has allowed for expansion of resources in the child care arena and allowed for blending of local, private and public funding to support child care initiatives and to increase quality.](#)
- xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results: [The Lead Agency is a member of the statewide afterschool network association and has contracted with Truman Pierce Institute of Auburn University to provide training and quality standards for after-school programs. The Lead Agency also coordinates services with Alabama Department of Education providing grants to](#)

[selected afterschool programs for activities to increase quality in those programs. A representative from the Truman Pierce Institute is a member of the Lead Agency's Child Care Citizen's Coordinating Committee.](#)

- xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results: [The Lead Agency has collaborated with State and Local Emergency Management Agencies through the agency's designated liaison to assist in the development of the Emergency Preparedness Plan and to provide training and technical assistance to child care providers on the creation and implementation of disaster preparedness plans.](#)
- b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.
- i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: [The Lead Agency is the state grantee for the Early Head Start-Child Care Partnership Program. The CCDF program has aligned its eligibility policies with the EHS-CCP Program to better meet the needs and streamline the eligibility process for family's eligible and receiving services through both programs.](#)
 - ii. State/territory institutions for higher education, including community colleges. Describe: [The Lead Agency coordinates with the Alabama Community College System of two-year colleges to provide scholarships for child care providers to obtain a credential, certificate, Associate's degree, or Bachelor's degree through the T.E.A.C.H and Leadership in Child Care Scholarship \(LICC\) Programs. Through collaborative efforts of the Lead Agency, Quality Enhancement Agencies, and Community Colleges, a child care resource library is housed at three community colleges. The libraries are partially staffed by Child Development and Early Care and Education students at the college.](#)
 - 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 and Child Home Visitation programs grant. Describe: [Click or tap here to enter text.](#)
 - 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: [The Lead Agency is also the agency for Child Welfare services. Program coordination allows for Protective Service and Foster Care families to receive priority for child care services. Child Welfare staff provides training on child abuse and neglect detection and prevention to child care providers.](#)
 - vii. Provider groups or associations. Describe:

[Provider groups and associations are active members on the Lead Agency's Child Care Citizen's Coordinating Committee. The ongoing coordination provides knowledge of the Lead Agency's policy related to child care issues, allows ongoing input from the provider community into the provision of CCDF funded services, and provides awareness and training on new child care initiatives implemented by the Lead Agency that can be shared with the associations' at-large membership.](#)

- viii. Parent groups or organizations. Describe: [Click or tap here to enter text.](#)
- ix. Other. Describe: [Click or tap here to enter text.](#)

1.5 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

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

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

- a. How you define “combine” The agency defines “combine” as the layering of funding from different streams to allow for the delivery of comprehensive, high-quality child care services.
- b. Which funds you will combine? The Lead Agency is combining CCDF and Early Head Start Funds through the Lead Agency’s Early Head Start-Child Care Partnership Program.
- c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1. The purpose is to increase the level of quality for infants/toddlers in partnering child care centers and child care homes to ensure that comprehensive services are being provided to enrolled families. The goal is that child care programs will increase the level of quality provided to all children in Early Head Start and non-Early Head Start families.
- d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level? Funding is allocated at the State Level. The Lead Agency is both the CCDF Lead Agency and the grantee for the Early Head Start-Child Care Partnership Program.
- e. How are the funds tracked and method of oversight The funds are tracked through the Lead Agency’s Finance Division and monitoring is conducted by state level program specialists. The Department of Human Resources (DHR), the Lead Agency creates a contract and budget for each program partner agency. Contractual agreements are reviewed by legal and financial staff. Invoices for expenditures are submitted monthly and reviewed by a program specialist against budgets, verifying the number of children served and line item detail accuracy. The Program Specialist assigns the correct financial reporting code based on the type of expenditure. Invoices are submitted to the Finance Division for additional review against budgets, contracts and financial reporting codes before payment is authorized. Incorrect invoices are returned for correction. Correct invoices are submitted to the State Comptroller’s Office where additional audit and review is conducted. Monthly reports of expenditures are created from the accounting system general ledger to show total costs and program expenditures allocated to each program area and reporting code.

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

Note: Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds. Use of PreK for Maintenance of Effort: The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care

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

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

- a. N/A—The territory is not required to meet CCDF matching and MOE requirements.
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-/territory-specific funds (tobacco tax, lottery), or any other public funds.
 - i. If checked, identify the source of funds: [State of Alabama funds](#)
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
 - i. If checked, are those funds:
 - A. Donated directly to the state?
 - B. Donated to a separate entity(ies) designated to receive private donated funds?
 - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: [Click or tap here to enter text.](#)
- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): [The estimated percentage of matching fund requirement is 30%.](#)
 - i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:
[The CCDF Lead Agency makes professional development training initiatives, including scholarships, available to Pre-K staff. The Lead Agency provides wrap-around care during the school year and full-day services during school breaks and holidays for children in State Pre-K sites, LEA Pre-K sites and Head Start Pre-K sites when these sites do not offer full-day services. The Lead Agency and the Alabama Department of](#)

Early Childhood Education (DECE), the agency responsible for Pre-K, conduct training opportunities that can be accessed by staff in all child care sectors. The Lead Agency and DECE have interagency agreements to coordinate on several projects including the delivery of education and child development services for EHS-CCP sites and coaching for EHS-CCP staff.

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

Alabama's Department of Early Childhood Education Pre-K initiative operates 1,238 classrooms with enrollment for approximately 18,677 four-year-old children. The initiative uses a variety of strategies aimed at serving families and children, including collaborating with other entities to provide services in various provider settings, including Head Start, public schools, private child care centers, faith-based centers, community based centers, and colleges/universities, thus more effectively meeting the needs of working families within these communities. The Lead Agency provides wrap-around care during the school year and full-day services during school breaks and holidays for subsidy-eligible children in State Pre-K sites, LEA Pre-K sites, and Head Start Pre-K sites, when these sites do not offer full-day services. This allows for full-day services to meet the needs of working families.

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

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

The Lead Agency makes assurance that its level of effort has not been reduced as services remain in place to assist and coordinate services with Pre-K providers and staff.

- ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents: Alabama's Department of Early Childhood Education Pre-K initiative operates 1,238 classrooms with enrollment for approximately 18,677 four-year-old children. The initiative uses a variety of strategies aimed at serving families and children, including collaborating with other entities to provide services in various provider settings, including Head Start, public schools, private child care centers, faith-based centers, community based centers, and colleges/universities, thus more effectively meeting the needs of working families within these communities. The Lead Agency provides wrap-around care during the school year and full-day services during school breaks and holidays for subsidy-eligible children in State Pre-K sites, LEA Pre-K sites and Head Start Pre-K sites when these sites do not offer full-day services. This allows for full-day services to meet the needs of working parents.

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

Estimate percentage of matching funds requirement is 20%.

- iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care: [The CCDF Lead Agency makes professional development training initiatives, including scholarships, available to Pre-K staff. The Lead Agency provides wrap-around care during the school year and full-day services during school breaks and holidays for subsidy-eligible children in State Pre-K sites, LEA Pre-K sites, and Head Start Pre-K sites when these sites do not offer full-day services. The Lead Agency and the Alabama Department of Early Childhood Education \(DECE\), the agency responsible for Pre-K, conduct training opportunities that can be accessed by staff in all child care sectors. The Lead Agency and DECE have interagency agreements to coordinate on several projects including the delivery of education and child development services for EHS-CCP sites and coaching for EHS-CCP staff.](#)
- f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.
 - i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

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

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic. [The Lead Agency collaborates with the Alabama Partnership for Children \(APC\), a private non-profit agency, to fund the TEACH Early Childhood Program. This program, along with the Lead Agency's relationship with 22 community colleges, has allowed for increased training and educational opportunities for providers. An ongoing relationship with the Child Care Resource Center and Employer Child Care Alliance promotes an increase in the number of corporate partners that support quality initiatives in child care. Many of the local agencies funded by the Lead Agency to implement Quality initiatives are developing private partnerships to supplement funding for quality activities and to maintain sustainability of quality services.](#)

1.7 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 state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

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

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

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the state.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits states from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

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

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

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

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated: [The Lead Agency contracts with community-based regional Quality Enhancement Agencies \(QEAs\) to maximize the quality services offered by child care providers for children and families in Alabama. QEAs services include: Training and technical assistance to child care providers, resource libraries, provider networks, mentoring, on-site training, distance learning, professional development activities to assist child care providers in surpassing state minimum licensing standards, obtaining credentials, certificates or degrees, encouraging providers to operate their programs with effective management skills and business practices, and consumer education to inform the public about quality child care and to assist families in making informed child care choices. Each of the QEAs are responsible for maintaining current trends in child development and make access available through their website, community and statewide events, and their physical location. There are seven comprehensive regional quality enhancement agencies operating in nine](#)

[regions. Regional agencies provide child care and referral services to the public and services to all categories of providers within the region and on all quality topics.](#)

1.8 Disaster Preparedness and Response Plan

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

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

- No
- Yes. If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

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

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

- 1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted: <https://dhr.alabama.gov/disaster-and-emergency-resources/>

DRAFT

2 Promote Family Engagement Through Outreach and Consumer Education

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

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

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

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

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

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

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

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

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

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

2.2 Parental Complaint Process

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

- 2.2.1 Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:
- .Parents may contact the lead agency child care licensing unit intake line to report complaints about child care providers. All complaints are received and recorded by licensing child care consultant. The consultant receiving the complaint forwards the complaint to the appropriate assigned consultant as well as the consultant’s supervisor. The supervisor will complete a risk assessment score for each complaint based on the severity or risk of harm, the scope or how many children could be harmed, how long it will take for harm, and facilities’ current and past level of compliance. The risk score will serve as a guide in determining the timeframe in initiating the complaint investigation. Based on the score of each complaint, the investigation could be initiated as soon as upon receipt, but not longer than 16-25 calendar days. The supervisor will forward the risk assessment score to the appropriate consultant. The final completion of the complaint components must be completed within 30 days of assignment, unless approval is given by the consultant’s supervisor to exceed this specified timeframe.

2.2.2 For complaints regarding all providers, including CCDF providers and non-providers, describe the Lead Agency’s process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers: [For all licensed providers and CCDF providers](#), complaints are received and recorded by licensing child care consultant. The consultant receiving the complaint forwards the complaint to the appropriate assigned consultant as well as the consultant’s supervisor. The supervisor will complete a risk assessment score for each complaint based on the severity or risk of harm, the scope or how many children could be harmed, how long it will take for harm, and facilities’ current and past level of compliance. The risk score will serve as a guide in determining the timeframe in initiating the complaint investigation. Based on the score of each complaint, the investigation could be initiated as soon as upon receipt, but not longer than 16-25 calendar days. The supervisor will forward the risk assessment score to the appropriate consultant. The final completion of the complaint components must be completed within 30 days of assignment, unless approval is given by the consultant’s supervisor to exceed this specified timeframe. All licensed providers’ complaints are investigated through a monitoring visit for the state’s minimum standards for licensing. Information is gathered to determine the type of violations and determine if it needs to be reported to the County Protective Service Unit for further investigation. Any violations that involve hazardous conditions are to be corrected immediately, when possible. If the provider is unable to correct the hazard, the provider must submit a written plan of action on when and how the hazard will be addressed and corrected. Other non-health and safety violations are discussed with the facilities’ representative, and the completion date will be determined based on the nature of the violation. All corrections are verified for completion by the consultant. This process is the same for all licensed CCDF and licensed non-CCDF providers.

For license exempt non-CCDF providers, all of the above complaint procedures are the same for with the following exceptions: license exempt providers are not investigated for minimum standards, but by the requirements of the Child Care Safety Act. All hazards and safety concerns are discussed with the facilities’ representative and the facilities’ representative is encouraged to correct hazards. A plan of action is not required from these providers, nor is the consultant required to make a follow-up visit.

After the investigation, all complaints and findings of the investigation are submitted in writing to the local District Attorney for further investigation.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers: All complaints, substantiated or unsubstantiated, regardless of being from parent or other individual, are documented in the agency's Child Care Management System (CCMS). This system maintains the nature of the complaint, the results of the investigation, the date the complaint was received, the date the complaint was investigated and completed, as well as any other agency to which that complaint needed to be referred. This process is the same for CCDF and non-CCDF providers and licensed and license-exempt providers.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: All substantiated complaints, are posted to the Lead Agency's website. This includes all CCDF providers, all licensed providers, and all license exempt providers. This information may be found at dhr.alabama.gov/child-care.

Also, parents may get information regarding substantiated complaints by calling the Child Care Services Division's toll-free intake line at 1-866-528-1694.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints: According to Minimum Standards for Daycare Center/Nighttime Centers, on pages 14, 33, and 94, the following citations can be found: visits to center are made by representatives of the Department to determine if minimum standards are met, to investigate a complaint and to offer consultation. The licensee is informed of complaints of alleged licensing violations made to the Department against the facility/licensee. Also, the licensee/center shall not be informed of the identity of the complainant by the Department.

The center shall notify parent(s)/guardian(s) of procedures for making a complaint, including name(s) of person(s) to contact.

Centers are required to post a public notice form which gives the address and toll free number of the Department. In addition, it provides parents with information on how to make a complaint or obtain information regarding substantiated licensing complaints on a center.

According to Minimum Standards for Family Day Care Home/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes on pages 14 and 79, the following citations can be found: visits to the home are made by representative of the Department to determine if minimum standards are being met, to investigate complaints and to provide consultation. Visits made to investigate a complaint shall be made without prior notice. The licensee shall be informed of complaints of alleged licensing violations made to the Department against the licensee. The licensee shall not be informed of the identity of the complainant by the Department.

Homes are required to post a public notice form which gives the address and toll free number of the Department. In addition, it provides parents with information on how to make a complaint or obtain information regarding substantiated licensing complaints on a home.

According to the Health and Safety Guidelines for Facilities Participating in the Child Care Subsidy Program and Health and Safety Guidelines for Excepted Facilities Participating in the Child Care Subsidy Program, on page 7 in both manuals, the following citations can be found: if an investigation indicates non-compliance with these Health and Safety Guidelines (deficiency), a deficiency report shall be prepared by the Department. A deficiency report is prepared in conjunction with or subsequent to a visit to the facility, or after investigation of a complaint regarding the facility.

Based on the Policy and Procedure Manual found on page 78, the consultant's supervisor evaluates each complaint based on the following criteria: severity, scope, speed, and status. A risk score is assigned to each complaint based on a rubric scoring system. The score received is used as a guide to determine the timeframe of the investigation. The timeframe to initiate an inspection following the receipt of a complaint is listed below.

- 18-20 upon receipt
- 15-17 within 24 hours
- 12-14 within 7 calendar days
- 9-11 within 8-15 calendar days
- 8 or less 16-25 calendar days

Consultants must receive supervisory approval to exceed the 30 day completion requirement. Approval will be granted when there is reasonable cause to do so as determined by the supervisor.

2.3 Consumer Education Website

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

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

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

- 2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.): [The Lead Agency's website meets 508 compliance for accessibility and is consumer-friendly as approved by the agency's Information Services Division. The website is simple to navigate, written in plain and understandable language and simple search functions.](#)
- 2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): [The website is accessible in multiple languages. All information on the website can be translated into different languages by clicking on the translation option at the bottom of the webpage.](#)
- 2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: [The website is easily readable, in plain language, and is navigable with a minimum number of clicks. The website meets compliance with the America Disabilities Act \(ADA\) in ease of access.](#)
- 2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

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

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2: <https://dhr.alabama.gov/child-care/licensing-overview/>
- b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4: <https://dhr.alabama.gov/child-care/licensing-overview/>
- c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2. <https://dhr.alabama.gov/child-care/licensing-overview/>
- d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4: <https://dhr.alabama.gov/child-care/licensing-overview/>

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

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

- a. Provide the website link to the list of child care providers searchable by ZIP code: https://apps.dhr.alabama.gov/daycare/daycare_search
- b. In addition to the licensed providers that are required to be included in your searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers (please check all that apply)?
 - i. License-exempt center-based CCDF providers
 - ii. License-exempt family child care (FCC) CCDF providers
 - iii. License-exempt non-CCDF providers
 - iv. Relative CCDF child care providers
 - v. Other. Describe: [Click or tap here to enter text.](#)
- c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. 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 Providers	License-Exempt Non-CCDF Providers	Relative CCDF Providers
Contact Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Other information included for:

- i. All Licensed providers. [Click or tap here to enter text.](#)
- ii. License-exempt CCDF center-based providers. [Click or tap here to enter text.](#)
- iii. License-exempt CCDF family child care providers. [Click or tap here to enter text.](#)
- iv. License-exempt, non-CCDF providers. [Click or tap here to enter text.](#)
- v. Relative CCDF providers. [Click or tap here to enter text.](#)

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

- a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?
 - i. Quality rating and improvement system
 - ii. National accreditation
 - iii. Enhanced licensing system
 - iv. Meeting Head Start/Early Head Start Program Performance Standards
 - v. Meeting Prekindergarten quality requirements
 - vi. School-age standards, where applicable
 - vii. Other. Describe: [Click or tap here to enter text.](#)
- b. For what types of providers are quality ratings or other indicators of quality available?

- i. Licensed CCDF providers. Describe the quality information:
[Alabama Quality STARS, QRIS rating system awards a star at each level from one to five for child care centers. National accreditation information is available for providers accredited by the National Association of Family Child Care \(NAFCC\) and the National Association for the Education of Young Children \(NAEYC\).](#)
- ii. Licensed non-CCDF providers. Describe the quality information:
[Alabama Quality STARS, QRIS rating system awards a star at each level from one to five for child care centers. National accreditation information is available for providers accredited by the National Association of Family Child Care \(NAFCC\) and the National Association for the Education of Young Children \(NAEYC\).](#)
- iii. License-exempt center-based CCDF providers. Describe the quality information:
[National Accreditation information is available for providers accredited by the National Association for the Education of Young Children \(NAEYC\).](#)
- 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.](#)
- vii. Relative child care providers. Describe the quality information:
[Click or tap here to enter text.](#)
- viii. Other. Describe: [Click or tap here to enter text.](#)

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

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

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

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted. [Click or tap here to enter text.](#)

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- b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:
- Date of inspection
 - 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: [Violations are listed by date and incident type of the provider's landing page.](#)
 - Corrective action plans taken by the state and/or child care provider. Describe: [Click or tap here to enter text.](#)
 - A minimum of 3 years of results, where available.
- c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.
- i. Provide the direct URL/website link to where the reports are posted. https://apps.dhr.alabama.gov/daycare/daycare_search
 - ii. Describe how the Lead Agency defines timely posting of monitoring reports. [Timely reports are considered reports that are submitted and approved by a supervisor prior to it being uploaded for public review. Reports are to be posted within 10 days of approval of accuracy of the report.](#)
- d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).
- i. Provide the Lead Agency's definition of plain language. [The Lead Agency's definition of plain language is the use of verbiage on each screen is easy to read and interpret. The general public may email or mail the Lead Agency's Center for Communication-Public Information Officer for questions, comments or concerns regarding the content found within the site or other public relation issues.](#)
 - ii. Describe how the monitoring and inspection reports or the summaries are in plain language. [Monitoring and inspection reports show a summary of all violations, are easily readable, and understandable for public use.](#)
- e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)). [Reports are reviewed for inaccuracies prior to them being uploaded to the website for view. Any discrepancies found afterwards are immediately corrected.](#)
- f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

[An aggrieved person may request a fair hearing in the following situations: the application for initial license is denied; the application for renewal of a license is denied; the application for initial license or renewal of a license is not acted upon within reasonable promptness identified as 60 days of receipt of all information; and if a license is suspended or revoked. CCDF providers may appeal the findings to terminate participation in the Child Care Subsidy program as a result of noncompliance findings in a Health and Safety monitoring visit. Providers must request the hearing within 60 days of the action to terminate participation.](#)

- g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)). [The Lead Agency posts reports for three years plus the current fiscal year. The system used for displaying reports will automatically remove and archive reports that are beyond the required timeframe.](#)

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

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

- a. Certify by providing:
- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. [Alabama Department of Human Resources, Office of Child Care Licensing and Family Services Division-Child Abuse and Neglect Unit receive this information from all providers \(including license-exempt providers\). The Lead Agency requests this information from the entities to create the report.](#)

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement. [Under Alabama law, substantiated child abuse is "harm or threatened harm to a child's health or welfare which can occur through nonaccidental physical or mental injury; sexual abuse or attempted sexual abuse; sexual exploitation or attempted sexual exploitation."](#)
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement. [Any injury requiring professional medical treatment of any child or any staff person while at the center or during away from the center activities](#)
 - b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. the total number of serious injuries of children in care by provider category/licensing status
 - ii. the total number of deaths of children in care by provider category/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/licensing status
 - c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted. <https://dhr.alabama.gov/wp-content/uploads/2021/03/FY20-federal-reporting.pdf>
- 2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: [The Lead Agency provides direct links to local CCR&R agencies on the Lead Agency's website at https://dhr.alabama.gov/child-care-quality-enhancement-agencies-comprehensive/](https://dhr.alabama.gov/child-care-quality-enhancement-agencies-comprehensive/)
- 2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information: [The public may access the Lead Agency's website to locate direct services offered by the Lead Agency and other programs such as child welfare, child support, and financial assistance which are also part of the Lead Agency at https://dhr.alabama.gov/. The website provide a toll free contact number to call to Lead Agency as well as an email link to communicate with the Lead Agency through email.](https://dhr.alabama.gov/)

- 2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes. <https://dhr.alabama.gov/child-care>

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

- 2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. [The Lead Agency contracts with Child Care Management Agencies to provide eligibility services. These agencies also inform parents of the application process. Local County Departments of Human Resources \(that are an extension of the Lead Agency\) inform parents of the availability of services. Community-based Quality Enhancement Agencies help the Lead Agency with outreach by providing information on the availability of services to child care providers. Licensing inspectors share information on the availability of services to child care providers who, in turn, inform parents in their programs.](#)
- 2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.
- a. Temporary Assistance for Needy Families program: [The Lead Agency is also the state agency for Temporary Assistance for Needy Families \(TANF\) services. CCDF services are coordinated with the TANF unit to provide priority care for children of families participating in the TANF JOBS \(Job Opportunity and Basic Skills\) program. As a condition of the Lead Agency's contract with regional Quality Enhancement Agencies \(QEAs\), information is shared with providers so that providers can link families to other programs. Outreach includes community or parent newsletters and/or brochures provided in resource libraries. The QEAs provides a listing of local agency resources, including the County Department of Human Resources, which administers the TANF program locally. The Lead Agency includes the brochure "Putting it Together FOR THOSE WHO NEED US" in licensing application packets. The brochure includes information on all Lead Agency services, including the TANF program. Providers can share the information with families through their family resource area.](#)

- b. **Head Start and Early Head Start programs:** The Lead Agency is the grantee of the Early Head Start-Child Care Partnership Program. The CCDF program aligns eligibility with the EHS-CCP Program to better meet the needs and streamline the eligibility process. The Department of Early Childhood Education (DECE) is designated as the agency which houses the Head Start Collaboration Office. The coordination between the Lead Agency and DECE brings existing early childhood services together through shared training and technical assistance across all child care sectors. As a condition of the Lead Agency's contract with regional Quality Enhancement Agencies (QEAs), information is shared with providers so that providers can link families to other programs, such as Head Start and Early Head Start programs. QEAs conduct outreach through shared trainings opportunities and community awareness programs. Lead Agency
- c. **Low Income Home Energy Assistance Program (LIHEAP):** Information is shared by the Child Care Management Agencies (CMAs) eligibility workers and the Quality Enhancement Agencies (QEAs). QEAs provide written information in resource areas and direct consultation is provided to parents and the public based on expressed need. CMAs, during the eligibility process, provide contact information for local agencies operating the LIHEAP program based on needs expressed by the parent. The United Way Agency maintains the 2-1-1 Connects Alabama referral system. 2-1-1 Connects Alabama is an easy number to remember and dial for information on health and human services organizations in the community. In local areas without direct access to the LIHEAP agency, the CMA directs individuals to 2-1-1 Connect Alabama to obtain the information. As a condition of the contract with QEAs, information is shared with providers so that providers can link families to other programs. Outreach includes providing information on the 2-1-1 Connect Alabama referral system. Community Action Agencies that administer the LIHEAP programs are included in the list of services. In training on family engagement, QEAs inform providers of local resources that may be of interest to families.
- d. **Supplemental Nutrition Assistance Program (SNAP):** The Lead Agency is also the state agency for the SNAP Program. Information is shared by the Child Care Management Agency (CMA) eligibility workers and Quality Enhancement Agencies (QEAs). SNAP information is also available on the Lead Agency's website. The Lead Agency publishes the brochure called "Putting it Together FOR THOSE WHO NEED US". The brochure has a summary of information and eligibility criteria for the SNAP program and information on how to contact the agency. QEAs maintain information about SNAP services in resource areas that are accessible by parents, providers, and the public. CMAs provide direct consultation to parents during the eligibility process and are required to share the "Putting it Together FOR THOSE WHO NEED US" brochure with parents. In many counties, CMAs are co-housed in the local county Department of Human Resources Office with the local SNAP workers, thereby streamlining the process of sharing information. CMAs also direct individuals to the Lead Agency's website where there is a summary of eligibility criteria for the SNAP program and a link to the on-line application site. As a .
- e. **Women, Infants, and Children Program (WIC) program:** Information is shared by the Child Care Management Agencies (CMAs), Quality Enhancement Agencies QEAs, and the Lead Agency website. These contact points, direct parents to the Alabama Department of Public Health website or to local Departments of Public Health located in each county. The United Way Agency maintains the 2-1-1 Connects Alabama referral system. 2-1-1 is an easy number to remember and dial for information on health and human services organizations in the community. CMAs and QEAs direct parents to the 2-1-1 Connects Alabama to obtain the information on the WIC program.

- f. **Child and Adult Care Food Program (CACFP):** [Information is shared by the Child Care Management Agencies \(CMAs\), Quality Enhancement Agencies \(QEAs\), the Lead Agency Child Care Intake line, and the Lead Agency's website. QEAs provide brochures and other written information in resource areas. CMAs give direct consultation to parents during the eligibility process. Information is shared on the different options at child care programs, schools, and summer feeding sites. As a condition of the Lead Agency's contract with regional QEAs, information is shared with providers so providers can link families to other programs. QEAs maintain information on the CACFP program at the state level and the local sponsored programs. QEAs also assist providers with understanding information that may be needed for families to access the program through schools as well as information to assist the child care program to maintain eligibility with the CACFP. The Alabama Department of Education is the agency responsible for CACFP and does outreach and training with child care providers.](#)
- g. **Medicaid and Children's Health Insurance Program (CHIP):** [Information is shared by the Child Care Management Agencies \(CMAs\) and the Lead Agency Child Care Intake line. The Lead Agency publishes the brochure "Putting it Together FOR THOSE WHO NEED US". The brochure has a summary of information and eligibility criteria for the Medicaid program and information on how to contact the agency. CMAs provide direct consultation to parents during the eligibility process and are required to share the "Putting it Together FOR THOSE WHO NEED US" brochure with parents. CMAs can also give information on where to locate Medicaid services in the parent's local region. The Child Care Intake line staff maintains a list of resource and services including information for contacting the Medicaid Program and CHIP Program. Information shared includes the phone number and website address. As a condition of the Lead Agency's contract with regional Quality Enhancement Agencies \(QEAs\), information is shared with providers so that providers can link families to other programs. Outreach includes community or parent newsletters and/or brochures. The brochures include information on other state agency services including the Medicaid program and CHIP Program. Providers can share the information with families through their family resource area.](#)
- h. **Programs carried out under IDEA Part B, Section 619 and Part C:** [A Memorandum of Understanding \(MOU\) was established between DHR, the Alabama Head Start Collaboration Office, the Alabama Department of Rehabilitation Services Division of Early Intervention and Children's Rehabilitation Services, and the Alabama State Department of Education Special on June 10, 2013. The purpose of this MOU is to strengthen the ability of these agencies to work collaboratively in identifying and serving children with disabilities from birth to age five and helping their families establish formal linkages with Part C providers and local education agencies.](#)

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

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description: The Lead Agency, through agreements with regional Quality Enhancement Agencies (QEAs) and Child Care Management Agencies (CMAs), provide written materials to parents, providers, and the general public to make information available on best practices and research on children’s development, successful parenting and family engagement. Child Care Management Agencies provide brochures and information on how to select quality child care, parenting tips and referral to QEAs for more detail services. QEAs provide community or parent newsletters and/or brochures, community awareness programs, child development materials, presentations to community groups, and information on how to recognize and choose high quality child care. QEA’s also share parenting tip, support on balancing work and family life, health and safety, the value of play, and the importance of early learning and early brain development. The Lead Agency contracts with the Alabama Department of Public Health (ADPH) to provide nurse health consultant services to child care providers through the Healthy Child Care Alabama Program. This Program supports on-site visits by nurse health consultants to child care centers, homes and related care providers as well as telephone consultation. The program links children, families and child care providers with community health resources and promotion of child health visits tor primary health providers. The lead agency also provides funding for the Healthy Kids, Healthy Future initiative led by Alabama Partnership for Children to reduce the prevalence of obesity in young children and focuses on health and wellness.

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

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description: The Lead Agency is a founding member of First 5 Alabama and serves on the advisory committee for the organization. The mission of First 5 Alabama is to enhance healthy attachment relationships between children, birth to age five, and the adults who care for them through promotion, prevention, and intervention supports throughout Alabama's early childhood systems. This initiative funds five Infant and Early Childhood Mental Health Specialists to provide mental health services to families throughout the state. The Lead Agency in partnership United Cerebral Palsy of Huntsville and the Tennessee Valley offers the CCEP (Child Care Enhancement with a Purpose) initiative that provides free inclusion training to child care providers statewide. CCEP utilizes experienced teachers and therapists to share simple, practical ways to work with and include children with special needs in child care centers and family/group child care homes. The program offers: a curriculum with a multidisciplinary approach which utilizes developmentally appropriate practices; free training funding for substitute teachers during training; educational kits; onsite consultation and technical assistance; workshops; and other resources for assistance. The Alabama Early Learning Guidelines (AELG) includes domains on self-concept/emotional development and social development. The AELG is available for parents and the public through the Lead Agency website. The AELG Credential includes training on the self-concept/emotional development and social development domains included in the guidelines. Quality Enhancement Agencies (QEAs) include positive behavioral interventions in their training and technical assistance outreach to child care providers. The Lead Agency's agreement with United Cerebral Palsy of Huntsville and the Tennessee Valley promotes the inclusion of healthy social and emotional development and resilience in the child care setting. The Lead Agency partners with Department of Early Childhood Education to support the Challenging Behaviors initiative. The initiative is designed to help parents and providers in assessing behaviors of children in child care settings to reduce or eliminate expulsion.

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

The following are the Lead Agency’s recommendations regarding suspension and expulsion of children for programs receiving CCDF funding: Suspending or expelling young children does not prepare them to succeed or enter school prepared to learn. This policy regarding the prevention of expulsion and suspensions, offers support to child care programs, teachers and parents to scaffold children’s social and emotional development growth and better equip children to succeed in all areas of development. A program must prohibit or severely limit the use of suspension or expulsion due to a child’s behavior. A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications. Programs must develop and clearly communicate expulsion and suspension policies to families and to staff members. Written behavior policies should be provided to families before enrollment. Programs must establish appropriate social-emotional and behavioral health promotion practices and utilize prevention and discipline practices as learning opportunities to guide children’s behavior. Programs should institute an early intervention and consultation process to identify children’s possible need for additional services or teacher professional development. Programs must create program discipline procedure that provides specific guidance regarding the steps that teachers and programs will utilize when presented with challenging behaviors. Program must involve all program and teaching staff in professional development on all domains of child development, appropriate expectations of young children and reducing challenging behaviors and intervention models. Programs must consult community behavioral health resources regarding challenging behaviors and ensure all families and program staff members are aware of resources available for families. Programs must communicate children’s individual challenges and successes to the child’s family. Children should have access to comprehensive services and individual accommodations and supports. This information is shared with the families, providers and the general public in the consumer statement listed on the lead agency’s website.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:

- Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.
- Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).

This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for

children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

- a. How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).
[Information is shared by the Child Care Management Agencies \(CMAs\) and the Lead Agency Child Care Intake line. CMA agencies share information on the Help Me Grow Alabama and 2-1-1 Connects Alabama. The agencies connect families to health and developmental resources for children birth to age eight. The lead agency's funded initiative with Alabama Partnership for Children's Help Me Grow Alabama offers free developmental screening to parents and child care providers.](#)
- b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
[Information is shared by the Child Care Management Agency \(CMA\) eligibility workers and the Lead Agency Child Care Intake line. CMA agencies share information on the Help Me Grow Alabama and 2-1-1 Connects Alabama. The agencies connect families to health and developmental resources for children birth to age eight, including information on EPSDT under the Medicaid program. CMAs also provide families with the Putting it Together FOR THOSE WHO NEED US brochure which has a summary of information about the Medicaid program and information on how to contact the agency.](#)
- c. How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. [A partnership between the Lead Agency, the Alabama Partnership for Children, the Department of Early Childhood Education, the Alabama Department of Mental Health funds Help Me Grow Alabama. Help Me Grow Alabama connects families to health and developmental resources so children, birth to age eight, can start school healthy and ready to succeed. The Program receives calls from families regarding a child's developmental concerns, assesses needs & available resources, and refers families to services. The program educates professionals about developmental surveillance & screening while promoting access to services; the program also develops relationships within the community and maintains an accurate list of local resources. Child Care Management Agencies \(CMAs\) give brochures on Help Me Grow to families applying for child care assistance.](#)
- d. How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. [A developmental checklist that can be used by parents or providers is included as a resource in the Alabama Early Learning Guidelines. The guidelines are available to parents and the public on the Lead Agency website at \[www.dhr.alabama.gov\]\(http://www.dhr.alabama.gov\). The lead agency's](#)

[funded initiative with Alabama Partnership for Children's Help Me Grow Alabama offers free developmental screening to parents and child care providers.](#)

- e. How child care providers receive this information through training and professional development. [Through the Lead Agency's agreement with Alabama Department of Public Health and United Cerebral Palsy of the Huntsville and the Tennessee Valley training and technical assistance is provided to child care providers on the resources available to obtain developmental screenings, recognizing children at risk of developmental delays, and referral of children potentially eligible for Alabama's Early Intervention System. Quality Enhancement Agencies \(QEA's\) train child care providers in the use the Developmental Checklist included in the Alabama Early Learning Guidelines Credential Training.](#)
- f. Provide the citation for this policy and procedure related to providing information on developmental screenings. [Child Care Subsidy Policies and Procedures Manual, Chapter 9, Section 3](#)

2.6 Consumer Statement for Parents Receiving CCDF Funds

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

2.6.1 Certify by describing:

- a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected. [Parents receive consumer statements in a hard copy version in the form of the pamphlets "Choosing Child Care in Alabama", 211 Connects Alabama, Putting It Together FOR THOSE WHO NEED US. These inform the parent of the varying options in deciding the most appropriate child care, what constitutes legally operating and/or licensed care in Alabama and the availability of resources. Child Care Management Agencies \(CMAs\) provide all parents a parent agreement which outlines their rights as a participant in the Child Care Subsidy Program and a Parental Choice statement. The Parental Choice statement outlines the parent's right to choose among the legally operating, including a statement that all subsidy-participating providers have met health and safety requirements and where to locate it on the agency's website. This information is provided to the parent at application for subsidized child care and any time the parent considers making a change in the child care provider.](#)
- b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
 - Licensing or regulatory requirements met by the provider
 - Date the provider was last inspected
 - Any history of violations of these requirements
 - Any voluntary quality standards met by the provider
 - How CCDF subsidies are designed to promote equal access
 - How to submit a complaint through the hotline
 - How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care
- c. Provide a link to a sample consumer statement or a description if a link is not available.
[left blank intentionally](#)

3 Provide Stable Child Care Financial Assistance to Families

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

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

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

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

3.1 Eligible Children and Families

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

3.1.1 Eligibility criteria: Age of children served

- a. The CCDF program serves children from [birth](#) (weeks/months/years) through [12](#) years (under age 13). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?
 - No
 - Yes, and the upper age is [18](#) (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical and/or mental incapacity:
[Incapacity \(or incapacitated\) means a physical or mental condition which, based on the conclusions of a licensed physician, psychiatrist, or psychologist, renders a parent incapable of providing adequate care for the child or, in the case of a child, incapable of caring for himself or herself.](#)
- c. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision ((658P(3); 658E(c)(3)(B))?
 - No
 - Yes, and the upper age is [Click or tap here to enter text.](#) (may not equal or exceed age 19).
- d. How does the Lead Agency define the following eligibility terms?
 - i. “residing with”: [The child must reside on a permanent basis with a parent who is a resident of the state of Alabama, meaning the parent is in the state voluntarily with the intention of making Alabama his or her home.](#)
 - ii. “in loco parentis”: [Adult relatives without legal custody or guardianship of the child; foster parents of a child in legal custody of the Department, and adults with whom the Department places a child for Protective Service reasons.](#)

3.1.2 Eligibility criteria: Reason for care

- a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?
- i. Define what is accepted as “Working” (including activities and any hour requirements): [Employment for a minimum average of 15 hours per week \(either alone or in combination with a job training or educational program\) in any legally operating place of business from which the parent receives wages, salaries, commissions and tips equal to, or greater than, the federal minimum wage](#)
 - ii. Define what is accepted as “Job training” (including activities and any hour requirements): [Enrolled in, attending, and satisfactorily participating in a job training or educational program, \(either alone or in combination with gainful employment, for a minimum average of 15 hours per week.](#)
 - iii. Define what is accepted as “Education” (including activities and any hour requirements): [Enrolled in, attending, and satisfactorily participating in a job training or educational program, \(either alone or in combination with gainful employment, for minimum average of 15 hours per week\). Students enrolled full-time in an educational program, in accordance with the institution’s definition of full-time are deemed to meet this requirement.](#)
 - iv. Define what is accepted as “Attending” (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework): [Enrolled in, attending and satisfactorily participating in a job training or educational program, either alone or in combination with gainful employment, for minimum average of 15 hours per week.](#)
- b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?
- Yes
 - No. If no, describe the additional work requirements. [Click or tap here to enter text.](#)
- c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?
- No
 - Yes. If yes:
 - i. Provide the Lead Agency’s definition of “protective services”: [Protective Services is defined as services provided to, or on behalf of, children in response to reports of alleged abuse, neglect, or exploitation. Protective services also include those participating in the Lead Agency’s Early-Head Start Child Care Partnership and parents employed in the health care field or first responders.](#)
 - ii. Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency’s definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents

are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.

- iii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?
 - No
 - Yes
- iv. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?
 - No
 - Yes
- v. 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
- vi. Does the Lead Agency provide respite care to custodial parents of children in protective services?
 - No
 - Yes

3.1.3 Eligibility criteria: Family Income Limits

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

- a. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? [Income is defined as the total gross monthly income of all family members.](#)
- b. Provide the CCDF income eligibility limits in the table below **at the time of initial determination**. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	\$3,391	\$2,882		
2	\$4,435	\$3,770	\$2,586	58%
3	\$5,478	\$4,656	\$3,258	59%
4	\$6,522	\$5,544	\$3,930	60%
5	\$7,566	\$6,431	\$4,602	61%

- c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)). [Click or tap here to enter text.](#)
- d. SMI source and year. [. SMI Source: LIHEAP; Year: 2020](#)

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

- e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b. [The income is statewide and not based by county or region.](#)
- f. What is the effective date for these eligibility limits reported in 3.1.3 b? [June 1, 2021.](#)
- g. Provide the citation or link, if available, for the income eligibility limits. [left blank intentionally](#)

- 3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).
- a. Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). [Families certify this on the eligibility application. Families report all countable income and certify that assets do not exceed \\$1,000,000.](#)
 - b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?
 - No
 - Yes. If yes, describe the policy or procedure and provide citation:
[The referring individual that has identified the family as receiving, or in need of, protective services certifies the family assets do not exceed \\$1,000,000 on the referral.](#)
- 3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:
- a. eligibility determination. [Homeless individuals, as defined by the Lead agency under the McKinney-Vento Act, may receive priority services \(not subject to the waiting list\) for up to 90 days to prove eligibility. Minor parents \(parents under the age 18\) may qualify for priority services should they meet the requirements and prove they are in an allowable activity.](#)
 - b. eligibility redetermination. [Minor parents \(parents under the age 18\) may qualify for priority services should they continue to meet requirements and prove they are in an allowable activity.](#)
- 3.1.6 Lead Agencies are required to take into consideration children’s development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children’s development and promoting continuity of care when authorizing child care services.
- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents’ work schedules
 - b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
 - c. Establishing minimum eligibility periods longer than 12 months
 - d. Using cross-enrollment or referrals to other public benefits
 - e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child’s IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services

- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other. Describe: [Click or tap here to enter text.](#)

3.1.7 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II) and 98.21(c)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of state median income (SMI) (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments (98.21(c)). Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- a. Average the family’s earnings over a period of time (e.g. 12 months).
- b. Request earning statements that are most representative of the family’s monthly income.
- c. Deduct temporary or irregular increases in wages from the family’s standard income level.
- d. Other. Describe: [Click or tap here to enter text.](#)

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

Required at Initial Determination	Required at Redetermination	Information and Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Applicant identity. Describe: Documentation includes driver’s license, work ID, birth certificate, school ID, non-

		drivers ID and government issued IDs.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Applicant’s relationship to the child. Describe: Documentation includes birth certificates, paternity affidavits, court documents, school records, other federal/state agency records.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: Documentation includes birth certificates, paternity affidavits, court documents, school records, other federal/state agency records.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Work. Describe: Includes documentation from the employer in the form of pay receipts or written statement from the employer, or written documentation from the entity from which employment income is received
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Job training or educational program. Describe: Documentation from the education institution or job training agency.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Family income. Describe: Includes documentation from the employer in form of pay receipts or written statement from the employer, or written documentation from the entity from which the income is received.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	g. Household composition. Describe: Family- the basic family unit residing in a common place of residence, distinguished by, and consisting exclusively of, parents, responsible adult parents, as applicable, and their unmarried minor children.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	h. Applicant residence. Describe: Documentation includes rent or lease agreement, mortgage agreement, utility receipts, other state or federal agency records. Required at initial application, redetermination, and when the applicant's residence changes
<input type="checkbox"/>	<input type="checkbox"/>	i. Other. Describe: Click or tap here to enter text.

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

- a. Time limit for making eligibility determinations. Describe length of time: [Initial applications must be approved or denied within 30 days of the application date. Continuing eligibility must be approved or denied no later than the last working day of the](#)

[current eligibility period. Caseworkers must process information received from families within three \(3\) days of receipt of the information.](#)

- b. Track and monitor the eligibility determination process
- c. Other. Describe: [Click or tap here to enter text.](#)
- d. None

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

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

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

- a. Identify the TANF agency that established these criteria or definitions:
[The Alabama Department of Human Resources, Family Services Division](#)
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”: [Any legally operating child care provider 19 years old or older. In addition, state law requires an individual to be licensed if the individual provides care for children who are unrelated to the individual, in the individuals own home for more than four hours per day.](#)
 - ii. “Reasonable distance”: [The distance from the home to the place of employment is unreasonable considering the expected wage and the time and cost of commuting. Employment is not considered suitable if daily commuting time exceeds two hours. The timeframe authorized for care may be any time affiliated with the client’s participation, such as travel time, including reasonable travel to and from a child care facility.](#)
 - iii. “Unsuitability of informal child care”: [Informal child care is care legally provided in the child’s home by either a relative or non-relative or care provided out of the child’s home by a relative or a license exempt non-relative. TANF policy does not allow payment for child care if the individual providing the care is unrelated to the child, is not licensed, and keeps the child more than four hours per day. The individual is considered unrelated if the individual is not related to the child by blood, marriage or adoption as follows: parent, grandparent, sibling \(step or half\), uncle, aunt, and](#)

spouses of these. In addition, due to wage and hour laws and DHR maximum payment restrictions, no in-home care (meaning the home of the child, but not the provider) may be authorized for less than minimum wage.

- iv. “Affordable child care arrangements”: In determining whether or not appropriate child care is available, the case manager should first ask the client if s/he is able to arrange her/his own child care at no cost. Find out who currently provides back-up child care when needed, whether the arrangements meet the conditions for legally provided care, and the amount charged by the individual providing the care. Then determine, based on the client’s statement of her/his situation, if that individual is both able and willing to provide child care to enable the client to work and/or participate in JOBS (Job Opportunity and Basic Skills) activities, and if the care meets the guidelines for legal care. If so, authorize and ensure payment as appropriate. If the back-up child care arrangement is not legal or the individual is unable or unwilling to provide the care on a regular basis, the case manager must work with the client to find other means of obtaining legal child care services. This must be done before requiring the client to participate in any activity for which the care is needed, including job search. The final decision as to which type of care will best meet her/his needs and the needs of each child rests with the client. However, the client may not use policy regarding parental choice to circumvent JOBS participation requirements. The client must choose from the resources that are available if the resources are appropriate, accessible, and affordable. For example, if appropriate legal child care services are otherwise available (affordable and accessible) to the client, s/he may not, without good cause, be deferred from participation just because s/he would prefer a different arrangement.
- 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.](#)
- d. Provide the citation for the TANF policy or procedure: [: JOBS Program Policy Manual \(JPPM\), Section 505-C1g, Section 610-A8, Section 610-B1b, Section 610-B3b, Section 610-B5](#)

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	NA	NA	NA	NA	NA	NA
2	\$1438	\$72.00	5%	\$2586	\$156.00	5%
3	\$1811	\$72.00	4%	\$3258	\$156.00	4%
4	\$2184	\$72.00	3%	\$3930	\$156.00	3%
5	\$2558	\$72.00	3%	\$4602	\$156.00	3%

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

- i. N/A. Sliding fee scale is statewide
- ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.
[Scale is statewide](#)
- iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).
[None; scale is statewide](#)

c. What is the effective date of the sliding-fee scale(s)? [June 1, 2021](#)

d. Provide the link(s) to the sliding-fee scale: : <https://dhr.alabama.gov/wp-content/uploads/2020/10/CC-Fact-Sheet-5-21.pdf>

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

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

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

- No
- Yes. If yes, check and describe those additional factors below.
 - a. Number of hours the child is in care. Describe: [Click or tap here to enter text.](#)
 - b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe: [Click or tap here to enter text.](#)
 - c. Other. Describe: [Click or tap here to enter text.](#)

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

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

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

- a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation. [The Lead Agency waives the co-payments for families with an income at or below 100% of the federal poverty level. CCSPPM Chapter 7, pg. 7-A](#)
- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. [Families needing or receiving protective services, incomes, activity and co-pays are waived on a case-by-case basis. This also included families participating in the lead agency's Early Head-Start Child Care Partnership and families whose employment is in health care or a first responder.](#)
- c. Families meeting other criteria established by the Lead Agency. Describe the policy. [The co-payments are waived for families in Protective Services, Foster Care and Early Head Start- Child Care categories. CCSPPM Chapter 5, Section 4.3, 5.3 & 7.7.](#)

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

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

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

- (i) 85 percent of SMI for a family of the same size.
- (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 low-income family.
- (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers 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 shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

- a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.
 - N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)
 - The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
 - A. Describe the policies and procedures. [Click or tap here to enter text.](#)
 - B. Provide the citation for this policy or procedure. [Click or tap here to enter text.](#)
 - The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.
 - A. Provide the income level for the second tier of eligibility for a family of three:
[\\$43,440 per year.](#)
 - B. Describe how the second eligibility threshold:
 - 1. Takes into account the typical household budget of a low-income family:
[The Lead Agency's using the federal poverty levels to determine thresholds using the stats's average household income for low-income families](#)
 - 2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic

stability: [The second tier is a range of incomes that caps at 200% FPL and allows for the fluctuations in incomes to avoid a cliff effect for families that are in the graduated phase out of the program.](#)

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption: [Families are allowed to receive benefits as determined at initial and continuing eligibility periods for a full 12 months unless the income exceeds 85% SMI.](#)
 4. Provide the citation for this policy or procedure related to the second eligibility threshold: [left blank intentionally.](#)
- b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?
- No
- Yes
- i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out: [During the graduated phase at each redetermination, family incomes are adjusted incrementally based on the family size and increases in the monthly gross income.](#)
 - ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)

No

Yes. Describe: [Families are only required to report income that exceeds 85% SMI during the certification period. Incomes that exceed the second tier, but does not meet 85% SMI are not required to be report until recertification.](#)

3.3 Increasing Access for Vulnerable Children and Families

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

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

3.3.1 Describe how the Lead Agency defines:

- c. “Children with special needs”: [Children with special needs is defined as children who are receiving protective services or foster care services from the Department and who have been determined by the Department to need child care services.](#)
- d. “Families with very low incomes”: [Families with very low income are defined as a family with income at or below 100% of the federal poverty level.](#)

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

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children experiencing homelessness, as defined by the CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted. [For children with special needs, the Lead Agency receives referrals for services from its county departments to serve children in protective service and foster care cases. For](#)

families with very low incomes, the Lead Agency's income requirements allows for families whose income is at or below 100% of the federal poverty level will have copayments set at \$0. For children experiencing homelessness, the Lead Agency has set policy so that documentation of initial eligibility determination may be waived for up to ninety (90) days. Priority for enrollment is also given to families applying within six (6) months of transitioning off of the TANF program.

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

The Lead Agency has seven (6) priority categories of eligibility. Those groups are as follows: 1. JOBS- Families receiving TANF and participating in the JOBS (Job Opportunity and Basic Skills) Program. 2. Transitional- Families whose TANF benefits have ended in the past 6 months and receive priority for care to avoid reapplying for TANF. 3. Homeless- Families meeting the homeless definition under the McKinney-Vento Act. 4. At-Risk Minor Parent- Minor parents under the age of 18, or under the age of 19, if the parent remains in high school or its equivalent. 5. Foster Care- Children that are in the legal custody of the state of Alabama. 6. Protective Services- Services provided by the Department to, or on behalf of, children in response to reports of alleged abuse, neglect or exploitation. The lead agency also includes families participating in the lead agency's Early Head-Start Child Care Partnership and families whose employer are in health care and first responder.

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3. Referrals are received from the Lead Agency's local county offices or the state office to prioritize services for priority groups to avoid the waiting list and/or provide seamless transitional care.

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

- e. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. Families are allowed up to ninety (90) days of service to allow time to obtain required documentation to establish eligibility.
- f. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.
 - i. Lead Agency accepts applications at local community-based locations
 - ii. Partnerships with community-based organizations
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
 - iv. Other: Click or tap here to enter text.

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

- 3.3.6 Lead Agencies must establish a grace period that allows 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 immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

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

- g. Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:
- iv. Children experiencing homelessness (as defined by the CCDF Final Rule).
[Families are allowed up to ninety \(90\) days of service to allow time to obtain required documentation to establish eligibility and to provide proof of immunizations.](#) Provide the citation for this policy and procedure.
[Child Care Subsidy Policies and Procedures Manual Chapter 5, Section 8](#)
 - v. Children who are in foster care. [Not applicable.](#) Provide the citation for this policy and procedure. [Click or tap here to enter text.](#)
- h. Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)). [The Lead Agency provides assistance in locating resources to assist the family in providing documentation. Child Care Providers have access to log in Imprint, the Alabama Department of Public Health's online database of immunization certificates. Child Care Providers can locate a child's immunization certificate in the system to print a copy themselves for the record to ease the burden of the parent having to provide it themselves.](#)
- i. Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?
- No
 - Yes. Describe: [Click or tap here to enter text.](#)

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

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

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).

- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

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
 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 other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
 6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)
 7. any changes in residency within the state, territory, or tribal service area
- j. Describe the Lead Agency’s policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures. [All eligible family’s receiving CCDF funds shall have no less than 12 months of eligibility. Families are redetermined at the end of the 12-month eligibility cycle. The parent does not experience an increase in parent fee during the 12-month eligibility period, regardless of any increase in the parent income. Families remain eligible as long as the income does not meet or exceed 85% of the State Median Income.](#)
- k. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency’s definition of “temporary change”.

Minimum Required Element	Citation
<input type="checkbox"/> i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency’s policy:	Not applicable
<input type="checkbox"/> ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency’s policy: Click or tap here to enter text.	Not applicable

Minimum Required Element	Citation
<input type="checkbox"/> iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency’s policy: <i>Click or tap here to enter text.</i>	Not applicable
<input type="checkbox"/> iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency’s policy: <i>Click or tap here to enter text.</i>	Not applicable
<input type="checkbox"/> v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency’s policy: <i>)</i>	Not applicable.
<input type="checkbox"/> vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency’s policy: <i>Click or tap here to enter text.</i>	Not applicable.
<input checked="" type="checkbox"/> vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency’s policy: Families must contact the agency to report changes in residency if and only if the change will result in a different service area or out-of-state.	Left blank intentionally

- l. Provide any other elements included in the state’s definition of “temporary change”, including those implemented during the pandemic, and provide the citation [The lead agency issues 12 month eligibility as long as the family is eligible at each redetermination. The lead agency does not require families to report temporary changes in activity during the 12 month certification period.](#)

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

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

If the Lead Agency chooses the option to discontinue assistance due to a parent’s non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in

a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

- m. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)
- No
 - Yes. If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):
[Click or tap here to enter text.](#)
- n. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?
- No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.
 - Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
- vi. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change: [Not Applicable](#)
- vii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation: [Not Applicable](#)
- viii. How long is the job-search period (must be at least 3 months)?
[Not Applicable](#)
- ix. Provide the citation for this policy or procedure. [Not Applicable](#)
- o. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.
- i. Not applicable

- 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.
 - D. Define the number of unexplained absences identified as excessive:
[Absences that exceed more than 10 calendar days within a month without a Doctor's excuse would be identified as excessive.](#)
 - E. Provide the citation for this policy or procedure: [CCSPPM Chapter 9, Section 2.](#)
- iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: [CCSPPM Chapter 8, Section 8](#)
- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.
[Substantiated violations can lead to the discontinuation of child care assistance in the following situations: Making a false or misleading statement to obtain benefits for which the parent is not eligible to receive; failing to report a change in order to receive benefits for which the parent is not eligible to receive; altering documents to receive benefits for which the parent is not eligible to receive; unauthorized use of a Time and Attendance System \(TAS\) card, and having possession of an Alabama TAS card to obtain benefits for which the parent is not eligible. CCSPPM Chapter 14 Sections 2 & 9](#)

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

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

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

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

- p. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?
 - No
 - Yes
- q. Any additional reporting requirements during the minimum 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of

state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

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

- i. Additional changes that may impact a family's eligibility during the minimum 12-month period. Describe: [Families are required to report a non-temporary income change that results in the family income meeting or exceeding 85% of the State Median Income \(SMI\).](#)
 - ii. Changes that impact the Lead Agency's ability to contact the family. Describe: [Families are required to report a change in the family's residence or contact information..](#)
 - iii. Changes that impact the Lead Agency's ability to pay child care providers. Describe: [Families must notify the Child Care Management Agency \(CMA\) if they make a change in providers in order for the CMA to enroll the children at the child care facility the parent chooses in order for the Lead Agency to pay child care providers.](#)
- r. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.
- i. Phone
 - ii. Email
 - iii. Online forms
 - iv. Extended submission hours
 - v. Postal mail
 - vi. Fax
 - vii. In-person submission
 - viii. Other. Describe: [Click or tap here to enter text.](#)
- s. Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- x. Describe any other changes that the Lead Agency allows families to report. [Families may report reduction in income or hours of participation in an allowable activity, an increase in family size, change in allowable education/training activity, and residency.](#)
- xi. Provide the citation for this policy or procedure. [CCSPPM Chapter 8](#)

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

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

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

- t. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
 - 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. Other: [Click or tap here to enter text.](#)

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the

child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

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

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

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

- 4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). [The child care certificate is issued at the point of approval and for any change during the certification period. The certificate includes information regarding eligibility period, children awarded, co-payments, care levels and unit of care.](#)
- 4.1.2 Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.
 - a. Certificate provides information about the choice of providers

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

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

- u. Describe how parents have access to the full range of providers eligible to receive CCDF:
[All licensed and license-exempt providers \(pertains only to providers that cannot be licensed by the lead agency by state statute exemption\), upon completion of meeting the health and safety guidelines and training requirements, may participate in the Child Care Subsidy Program to receive CCDF funds. Families may choose any provider that by state statute can accept federal and state funding; however, the provider must choose to participate on the Child Care Subsidy Program.](#)
- Describe state data on the extent to which eligible child care providers participate in the CCDF system: [The lead agency has more than 1,200 providers that participate in the Child Care Subsidy Program out of approximately 1,800 licensed providers in the state.](#)
- Identify any barriers to provider participation, including barriers related to payment rates and practices – including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:
[Barriers in participation may include: failure to pass a health and safety inspection/monitoring visit, suitability of a criminal history background check, or maintaining legal operating standards. Providers that participate with rates that are higher than the Lead Agency's maximum reimbursement rate may charge the difference to the parent, which may present a barrier to the family.](#)

4.1.4 Certify by describing the Lead Agency’s procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). [The provider’s registration to participate in the Child Care Subsidy Program includes a certification that the provider will allow the parent unlimited and unrestricted access to their children. This agreement is signed and renewed with the provider annually.](#)

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

No

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

- a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: [Click or tap here to enter text.](#)
- b. Restricted based on the provider meeting a minimum age requirement. Describe: [Click or tap here to enter text.](#)
- c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: [Click or tap here to enter text.](#)
- d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe: [A relative provider must meet first degree of relation to be considered a relative. The lead agency of relative includes aunt, uncle, grandparent, and sibling by blood, marriage or adoption.](#)
- e. Restricted to care for children with special needs or a medical condition. Describe: [Click or tap here to enter text.](#)
- f. 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.](#)
- g. Other. Describe: [Click or tap here to enter text.](#)

4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7

- Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots. [Click or tap here to enter text.](#)
- Yes, statewide. If yes, describe:
 - h. 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.](#)
 - xiii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency: [Click or tap here to enter text.](#)
 - xiv. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments. [Click or tap here to enter text.](#)
- Will the Lead Agency use grants or contracts for direct child care services to increase the supply or quality of specific types of care?
 - No
 - Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
i. Children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
ii. Infants and toddlers	<input type="checkbox"/>	<input type="checkbox"/>
iii. School-age children	<input type="checkbox"/>	<input type="checkbox"/>
iv. Children needing non-traditional hour care	<input type="checkbox"/>	<input type="checkbox"/>
v. Children experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>
vi. Children with diverse linguistic or cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>
vii. Children in underserved areas	<input type="checkbox"/>	<input type="checkbox"/>
viii. Children in urban areas	<input type="checkbox"/>	<input type="checkbox"/>
ix. Children in rural areas	<input type="checkbox"/>	<input type="checkbox"/>

x. Other populations, please specify <i>Click or tap here to enter text.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents’ needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents’ needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

- v. In child care centers. The Lead Agency also houses the Office of Child Care Licensing, which gathers information regarding capacity and availability of licensed child care centers in the State. Data indicates a decline in the number of available infant slots. Licensing standards require one (1) teacher for five (5) children, ages 0 up to 18 months of age (which is the age range of infants). Child care providers express it is more costly to operate an infant classroom due to lower ratio since two (2) teachers are needed even if the class only has only 6 infants. Centers tend to have more preschoolers and see less of a decline in slots as staff to child ratios are one (1) to eleven (11) for children two and one-half (2½) to three (3) years of age and one (1) to eighteen (18) for four (4) year olds. The Lead Agency has contracted with a local university to conduct research on other sources to determine shortages and provide tracking methods to supports equal access and parental choice particularly in rural and underserved areas of the state. In the meantime, tracking for progress to support equal access will be done by licensing consultants as they work directly with providers, providing onsite progress reporting.
- In child care homes. The Lead Agency also houses the Office of Child Care Licensing, which gathers information regarding capacity and availability of licensed family child care providers in the state. Data indicates a decline in the number of licensed family homes due to on-going interest. Supply for infant and toddler spots are limited due to licensing requirements in homes. Family homes that serve no more than six (6) children can only have three (3) children under twelve (12) months of age; family group homes that serve no more than twelve (12) children can have no more than six (6) infants, with at least one (1) caregiver per three (3) children under twelve (12) months of age. The licensing unit is able to identifying shortages as they offer on-site information and collect data regarding capacities and group sizes. The Lead Agency has contracted with a local university to conduct research on other sources to determine shortages and provide tracking methods to supports equal access and parental choice. In the meantime, tracking for progress to support equal access will be done by licensing consultants as they work directly with providers, providing onsite progress reporting.
- Other. Information from Economic Development agencies, towns, and municipalities inform the Lead Agency of discrepancies in the amount of care available for employees working non-traditional hours. The Lead Agency has collaborated with Alabama Early Intervention and United Cerebral Palsy to assist providers who care for or has considered caring for children with special needs in order to increase parental access. The Lead Agency also provides training to providers with direct focus on infant and toddlers also to increase parental access. Finally, the Lead Agency has reached out to employees that operate 24 hours for the purpose of creating child care centers on-site for employees, particularly those that work non-traditional hours. The Lead Agency encourages businesses with shift workers to collaborate with nearby providers to offer child care after normal operating hours. These employers often have individuals that live in child care deserts and rely on relatives to provide care.

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

- i. Children in underserved areas. Check and describe all that apply.
- ii. Grants and contracts (as discussed in 4.1.6). Describe: [The Lead Agency makes funding available through the competitive process to provide after-school programs with dependent care grants. These grants are awarded yearly to programs offering after school care and curriculum support to school agers.](#)
 - iii. Targeted Family Child Care Support such as Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
 - iv. Start-up funding. Describe: [Click or tap here to enter text.](#)
 - v. Technical assistance support. Describe: [The Lead Agency contracts with six \(6\) community agencies known as Quality Enhancement Agencies to provide technical support and training to child care providers throughout the state. The community agencies schedule trainings at different locations that better suit the needs for those in rural areas including afterhours and weekends.](#)
 - vi. Recruitment of providers. Describe: [The lead agency is leading a Family Child Care Recruitment project that targets several areas throughout the state to establish 10 Family Child Care homes.](#)
 - vii. Tiered payment rates (as discussed in 4.3.3). Describe: [The Lead Agency's QRIS awards providers that achieve a quality rating \(star level\) with yearly bonuses and a higher tiered reimbursement for providers who are on the Child Care Subsidy Program.](#)
 - viii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: [The Lead Agency contracts with six \(6\) community agencies known as Quality Enhancement Agencies to provide technical support and training to child care providers throughout the State. These agencies offer training quarterly on the Strengthening Business Practice for Child Care Providers Curriculum in order to aid providers in developing stronger business practices, including: marketing, recruitment, and retention.](#)
 - ix. Accreditation supports. Describe: [The Lead Agency contracts with a local university that supports national accreditation attainment for all legally operating family child care providers. This network targets family child care facilities in rural areas providing one-on-one training, assessments, and stipends to assist in meeting higher quality standards.](#)
 - x. [Child care health consultation. Describe: The Lead Agency contracts services with](#)

[the Alabama Department of Public Health to provide nurse health consultants that offer health care consultation and training to providers throughout the state.](#)

- xi. Mental health consultation. Describe: [The Lead Agency is a founding member and funder of the first 5 Alabama, an association for infant and early childhood mental health. The association is a licensed affiliate of the Alliance for the advancement of Infant Mental Health. First 5 Alabama promotes the healthy social, emotional, cognitive, and physical development of children from conception through age five \(5\). Currently there are five \(5\) consultants that are available to child care providers.](#)
- xii. Other. Describe: [Click or tap here to enter text.](#)
- Infants and toddlers. Check and describe all that apply.
 - i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
 - ii. Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
 - iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
 - iv. Technical assistance support. Describe: [The Lead Agency partnered with a local college to create the Alabama Infant and Toddler Professional Development Network to supply technical assistance, coaching, modeling, and training for child care providers that serve infants and toddlers. The Network's specialists are PITC \(Program for Infant and Toddler Care\) trained and/or certified. The Network can serve up to 150 providers each year, as well as make recommendations for other training and credentialing.](#)
 - v. Recruitment of providers. Describe: [Click or tap here to enter text.](#)
 - vi. Tiered payment rates (as discussed in 4.3.3). Describe: [The Lead Agency's QRIS awards providers that achieve a quality rating \(star level\) with yearly bonuses and a higher tiered reimbursement for providers who are on the Child Care Subsidy Program.](#)
 - vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: [The Lead Agency contracts with five \(5\) community agencies known as Quality Enhancement Agencies to provide technical support and training to child care providers throughout the State. These agencies offer training quarterly on the Strengthening Business Practice for Child Care Providers Curriculum in order to aid providers in developing stronger business practices, including: marketing, recruitment, and retention.](#)
 - viii. Accreditation supports. Describe: [The Lead Agency contracts with a local university that supports national accreditation attainment for all legally operating family child care providers. This network targets family child care facilities in rural areas providing one-on-one training, assessments, and stipends to assist in meeting higher quality standards.](#)
 - ix. Child care health consultation. Describe: [The Lead Agency contracts services with the Alabama Department of Public Health to provide nurse health consultants that](#)

- [offer health care consultation and training to providers throughout the state.](#)
- x. Mental health consultation. Describe: [The Lead Agency is a founding member and funder of the first 5 Alabama, an association for infant and early childhood mental health. The association is a licensed affiliate of the Alliance for the advancement of Infant Mental Health. First 5 Alabama promotes the healthy social, emotional, cognitive, and physical development of children from conception through age five \(5\). Currently there are five \(5\) consultants that are available to child care providers.](#)
 - xi. Other. Describe: [Click or tap here to enter text.](#)
- Children with disabilities. Check and describe all that apply.
 - i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
 - ii. Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
 - iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
 - iv. Technical assistance support. Describe: [The Lead Agency contracts with the United Cerebral Palsy of Alabama to provide services to families and providers for children with disabilities. The program offers a variety of assistance in technical assistance and trainings in physical medicine and rehabilitation, playgroups, parent support groups, and child care enhancement.](#)
 - v. Recruitment of providers. Describe: [Click or tap here to enter text.](#)
 - vi. Tiered payment rates (as discussed in 4.3.3). Describe: [Click or tap here to enter text.](#)
 - vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: [The Lead Agency contracts with six \(6\) community agencies known as Quality Enhancement Agencies to provide technical support and training to child care providers throughout the State. These agencies offer training quarterly on the Strengthening Business Practice for Child Care Providers Curriculum in order to aid providers in developing stronger business practices, including: marketing, recruitment, and retention.](#)
 - viii. Accreditation supports. Describe: [Click or tap here to enter text.](#)
 - ix. Child care health consultation. Describe: [The Lead Agency contracts services with the Alabama Department of Public Health to provide nurse health consultants that offer health care consultation and training to providers throughout the state.](#)
 - x. Mental health consultation. Describe: [The Lead Agency is a founding member and funder of the first 5 Alabama, an association for infant and early childhood mental health. The association is a licensed affiliate of the Alliance for the advancement of Infant Mental Health. First 5 Alabama promotes the healthy social, emotional, cognitive, and physical development of children from conception through age five \(5\). Currently there are five \(5\) consultants that are available to child care providers.](#)

- xi. Other. Describe: [Click or tap here to enter text.](#)
- Children who receive care during non-traditional hours. Check and describe all that apply.
 - i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
 - ii. Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
 - iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
 - iv. Technical assistance support. Describe: [The Lead Agency contracts with six \(6\) community agencies known as Quality Enhancement Agencies to provide technical support and training to child care providers throughout the state. The Lead Agency has also purchased membership/subscriptions to the online platform of Quorum E-Learning. This allows providers to access training at their convenience during non-traditional hours.](#)
 - v. Recruitment of providers. Describe: [Click or tap here to enter text.](#)
 - vi. Tiered payment rates (as discussed in 4.3.3). Describe: [The Lead Agency's QRIS awards providers that achieve a quality rating \(star level\) with yearly bonuses and a higher tiered reimbursement for providers who are on the Child Care Subsidy Program.](#)
 - vii. Support for improving business practices for providers, such as management training, and shared services. Describe: [The Lead Agency contracts with six community agencies known as Quality Enhancement Agencies to provide technical support and training to child care providers throughout the State. These agencies offer training quarterly on the Strengthening Business Practice for Child Care Providers Curriculum in order to aid providers in developing stronger business practices, including: marketing, recruitment, and retention.](#)
 - viii. Accreditation supports. Describe: [Click or tap here to enter text.](#)
 - ix. Child Care health consultation. Describe: [The Lead Agency contracts services with the Alabama Department of Public Health to provide nurse health consultants that offer health care consultation and training to providers throughout the state.](#)
 - x. Mental health consultation. Describe: [The Lead Agency is a founding member and funder of the first 5 Alabama, an association for infant and early childhood mental health. The association is a licensed affiliate of the Alliance for the advancement of Infant Mental Health. First 5 Alabama promotes the healthy social, emotional, cognitive, and physical development of children from conception through age five \(5\). Currently there are five \(5\) consultants that are available to child care providers.](#)
 - xi. Other. Describe: [Click or tap here to enter text.](#)
- Other. Check and describe all that apply.
 - i. Grants and contracts (as discussed in 4.1.6).

Describe: [Click or tap here to enter text.](#)

- ii. Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
- iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
- iv. Technical assistance support. Describe: [Click or tap here to enter text.](#)
- v. Recruitment of providers. Describe: [Click or tap here to enter text.](#)
- vi. Tiered payment rates (as discussed in 4.3.3). Describe: [Click or tap here to enter text.](#)
- vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:
- viii. Accreditation supports. Describe: [Click or tap here to enter text.](#)
- ix. Child Care health consultation. Describe: [Click or tap here to enter text.](#)
- x. Mental health consultation. Describe: [Click or tap here to enter text.](#)
- xi. Other. Describe: [Click or tap here to enter text.](#)

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

w. How does the Lead Agency define areas with significant concentrations of poverty and unemployment? [An area with significant concentration of poverty and unemployment is defined as an area where the percentage of persons in poverty is higher than the Alabama average. In Alabama, that includes 36 of the 67 counties.](#)

- Describe how the Lead Agency prioritizes increasing access to high-quality childcare 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.
[The Lead Agency has prioritized increasing access to high-quality child care and development services for children and families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs in multiple ways. The Lead Agency has revised provider reimbursement rates statewide to the 75th percentile, based on the current market rate survey. This increase acknowledges the need for rates to be more reflective of what providers, including those in areas of high poverty, need in order to incentivize programs to serve children on subsidy and in order to support quality. The rates were increased for all child care types, and included higher reimbursements for QRIS rated providers. The Lead Agency has also expanded its QRIS to include family child care providers. The Lead Agency recognizes that in rural and/or poverty-stricken areas, child care is often limited to family child care homes and Head Start. This investment will provide for higher quality programs for these populations and the](#)

state in general. The Lead Agency has implemented the Early Head Start- Child Care Partnership (EHS-CCP) Program in areas with high poverty and unemployment levels. The program operates in 23 counties in high need areas throughout the state. The Lead Agency blends CCDF funding with EHS-CCP dollars for eligible families participating in the EHS-CCP programs. This ensures sufficient funding for the child care facilities to meet the high-quality standards required. Finally, the Lead Agency invests in services through local CCR&R's to support programs in these 36 counties through technical assistance and training, both on-site and online. . The technical assistance and training supports the programs in increasing the quality. Increasing online training opportunities helps remove barriers for providers in more rural parts of the state to access professional development.

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to child care for children receiving child care assistance; and (2) ensure parental choice by offering a full range of child care services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of 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 (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services (CCDF-ACF-PI-2018-01).

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

Note: Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>) . Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.

- Describe what information the Lead Agency will obtain from an alternative methodology that could not be obtained from the required narrow cost analysis.
- Describe how the Lead Agency will consult with the State Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care, such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location, and quality.
- Describe how the alternative methodology will use current data.
- What metrics the Lead Agency will use to set rates based on the alternative methodology.
- Describe the estimated reporting burden and cost to conduct the approach.

A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

- Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

- a. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)? [Left blank intentionally](#).
 - b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology: [Click or tap here to enter text](#).
 - No, a waiver is being requested in Appendix A.
 - a. Please identify the Lead Agency’s planned methodology(ies) to assess child care prices and/or costs.
 - i. MRS. If checked, describe the status of the Lead Agency’s implementation of the MRS. [Left blank intentionally](#)
 - ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency’s implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology: [Click or tap here to enter text](#).
 - b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan. Identify the date of the Lead Agencies’ most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2–4.5.2. [Click or tap here to enter text](#).
- 4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

- a. State Advisory Council or similar coordinating body: [The Child Care Citizen’s Coordinating Committee includes representation from the state’s tribal agency, center and family home providers, local quality enhancement agencies that provide child care resource and referral services, higher education , public health, provider associations, child advocacy groups, and the Alabama Department of Early Childhood Education, which is responsible for the State Advisory Council operating as the Children’s Policy Council. The committee advised the Lead Agency on the following: the length of the survey, the structuring of rate questions, the general rate setting procedures of Alabama providers, the method of notifying providers, and how to accept survey submissions \(through mail and electronically\) The Committee stressed the need for follow-up](#)

- [contact with providers that did not complete the survey after initial contact.](#)
- b. **Local child care program administrators:** [The Child Care Citizen’s Coordinating Committee includes representation from the state’s tribal agency, center and family home providers, local quality enhancement agencies that provide child care resource and referral services, higher education , public health, provider associations, child advocacy groups, and the Alabama Department of Early Childhood Education, which is responsible for the State Advisory Council operating as the Children’s Policy Council. The committee advised the Lead Agency on the following: the length of the survey, the structuring of rate questions, the general rate setting procedures of Alabama providers, the method of notifying providers, , and how to accept survey submissions \(through mail and electronically\) The Committee stressed the need for follow-up contact with providers that did not complete the survey after initial contact.](#)
 - c. **Local child care resource and referral agencies:** [The Child Care Citizen’s Coordinating Committee includes representation from the state’s tribal agency, center and family home providers, local quality enhancement agencies that provide child care resource and referral services, higher education , public health, provider associations, child advocacy groups, and the Alabama Department of Early Childhood Education, which is responsible for the State Advisory Council operating as the Children’s Policy Council. The committee advised the Lead Agency on the following: the length of the survey, the structuring of rate questions, the general rate setting procedures of Alabama providers, the method of notifying providers, , and how to accept survey submissions \(through mail and electronically\) The Committee stressed the need for follow-up contact with providers that did not complete the survey after initial contact.](#)
 - d. **Organizations representing caregivers, teachers, and directors:** [The Child Care Citizen’s Coordinating Committee includes representation from the state’s tribal agency, center and family home providers, local quality enhancement agencies that provide child care resource and referral services, higher education , public health, provider associations, child advocacy groups, and the Alabama Department of Early Childhood Education, which is responsible for the State Advisory Council operating as the Children’s Policy Council. The committee advised the Lead Agency on the following: the length of the survey, the structuring of rate questions, the general rate setting procedures of Alabama providers, the method of notifying providers, , and how to accept survey submissions \(through mail and electronically\) The Committee stressed the need for follow-up contact with providers that did not complete the survey after initial contact.](#)
 - e. **Other. Describe:** All agencies are listed in the previous responses.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below. Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

- a. Fill in the table below based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
Infant (6 months) Center care	\$150 full-time	\$150	75 th	
Toddler (18 months) Center care	\$150 full-time	\$150	75 th	
Preschooler (4 years) Center care	\$138 full-time	\$138	75 th	
School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer.)	\$115 full-time	\$115	75 th	
Infant (6 months) Family Child Care	\$125 full-time	\$125	75 th	
Toddler (18 months) Family Child Care	\$125 full-time	\$125	75 th	
Preschooler (4 years) Family Child Care	\$120 full-time	\$120	75 th	
School-age child (6 years) Family Child Care (Based on full-day, full-year rates that	\$110 full-time	\$110	75 th	

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
would be paid during the summer.)				

- c. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? [Lead agency publishes weekly rates only.](#)
- d. Describe how the Lead Agency defines and calculates part-time and full-time care. [Full-time care is care provided more than 25 hours per week. Part-time care is care provided for less than 25 hours per week. Part-time care is calculated at half the full-time rate.](#)
- e. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). [November 1, 2019](#)
- f. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above. [Birmingham](#)
- g. Provide the citation, or link, if available, to the payment rates <https://dhr.alabama.gov/wp-content/uploads/2019/11/Provider-Rates-with-QRIS-Tiers-November-2019.pdf>
- h. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). [Payment rates are set by the Lead Agency.](#)

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- a. Geographic area. Describe: [The rates reflect variation in price of care by region](#)
- b. Type of provider. Describe: [The provider rates are set according to market rate data from type of provider setting, including: licensed child care center \(more than 12 children\), licensed family day care home \(up to 6 children\), and group day care home \(6 to 12 children\).](#)
- c. Age of child. Describe: [Rates are set based on the care level of the child, reflecting the market difference between rates charged at different care levels \(infant/Toddler, preschool and school age\).](#)
- d. Quality level. Describe: [Tiered reimbursement rates are based on Alabama Quality STAR QRIS level. Tiered reimbursement rates increase at each STAR level](#)
- e. Other. Describe: [Click or tap here to enter text.](#)

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

- No
- Yes, If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.
 - a. Tiered or differential rates are not implemented. [Click or tap here to enter text.](#)
 - b. Differential rate for non-traditional hours. Describe: [Click or tap here to enter text.](#)
 - c. Differential rate for children with special needs, as defined by the state/territory. Describe: [Click or tap here to enter text.](#)
 - d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe: [Click or tap here to enter text.](#)
 - e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: [Click or tap here to enter text.](#)

- f. Differential rate for higher quality, as defined by the state/territory. Describe: [Tiered reimbursement rates are based on Alabama Quality STAR QRIS level. Tiered reimbursement rates increase at each STAR level. Higher quality rates are set at 2% above the base rate, beginning at Quality STAR level one and progresses to 10% above the base rate at Quality STAR QRIS level five. Each star rating results in a 2% increase at each increment.](#)
- g. Other differential rates or tiered rates. Describe: [Care exceeding 50 hours or more per week is paid at 125% of the base rate.](#)

4.3.4 Establishment of adequate payment rates.

- a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established [based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis](#), as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result. [Left blank intentionally](#)
- b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsidies. [Left blank intentionally](#)

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures). [The Lead Agency provides tiered reimbursements, allowing star-rated programs to receive payment rates above the base rate. Tiered reimbursement rate increases at each higher level of quality. Annual bonuses are also given to providers based on the size of the facility regardless of their participation in the Child Care Subsidy Program. These incentives assist in maintaining quality.](#)

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

[Left blank intentionally.](#)

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(I)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

- i. Paying prospectively prior to the delivery of services. Describe the policy or procedure. [Click or tap here to enter text.](#)
- ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure. [Providers do not submit a bill for services. Parents record attendance using a swipe card. The attendance for the week is captured in the Time and Attendance System database and payment is calculated based on the child's authorization information. Direct Deposit is made to the child care providers' bank account within 21 days of the week child care services were provided. Child care providers receive weekly direct deposits.](#)

c. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:

- i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure. [Click or tap here to enter text.](#)
- ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure. [Click or tap here to enter text.](#)
- iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure. [Payment is authorized for up to five \(5\) absences \(consecutive or non-consecutive\) per month. Absences with a documented statement by a physician are paid for an additional five \(5\) days. Chronic illness for which documentation is provided is allowed for up to ninety \(90\) consecutive days without causing the parent to lose eligibility.](#)
- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. [Click or tap here to enter text.](#)

d. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices

must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). [Full-time payment is authorized when the parent is participating in an activity for more than 25 hours per week. Part-time payment is authorized when the parent is participating in an activity for 25 hours or less each week.](#)
 - ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. [The Lead Agency pays for each child's registration fee. The fee is paid to the provider via direct deposit per new enrollment and for each year the registration fee is charged based on the provider's published policies and procedures.](#)
- e. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process.
Describe: [Upon registration, provider agreements are signed by the provider. This agreement informs the provider of payments and applicable rates as assigned per child care type and care level. Providers are paid in accordance with the payment schedule set forth by the attendance of the child.](#)
- f. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe: [Eligibility staff send communication notices to notify providers of changes in eligibility that impact payment. Notices are sent to providers in the same timeframe that notices are sent to parents- within three \(3\) days of the effective date of the action.](#)
- g. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: [Providers may request a review of payment and adjustment for inaccuracies in payment within thirty \(30\) days after the direct deposit date. A request for review is submitted to the Lead Agency for review by a Payment Adjustment Analyst.](#)
- h. Other. Describe: [Click or tap here to enter text.](#)

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- No, the practices do not vary across areas.
- Yes, the practices vary across areas. Describe: [Click or tap here to enter text.](#)

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers. [The caseworker gives an explanation of the certificate process at initial application and whenever the parent requests to change providers. Also information is found on the Parent Agreement and the Parental Choice form that is provided at each eligibility determination. The parental choice form is issued when the parent notifies the case manager of a change in providers. A Parent Pre-Certificate of Child Care – Shopping Care is issued to parents who have not chosen a provider at the time care is awarded. The pre-certificate allows the parent to choose from among all legally operating providers. The parent is allowed up to 10 days to make a choice of provider. Additional time is granted on a case-by-case basis when requested by the parent.](#)

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply.

- a. Limit the maximum co-payment per family. Describe: [Click or tap here to enter text.](#)
- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe. [Click or tap here to enter text.](#)
- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe: [Click or tap here to enter text.](#)
- d. Other. Describe: [Click or tap here to enter text.](#)

4.5.2 Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families. [Click or tap here to enter text.](#)
 - iii. 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.](#)
 - iv. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.
[Click or tap here to enter text.](#)

DRAFT

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license- exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

- i. Identify the providers subject to licensing: [A child care facility that receives more than 12 children for more than four hours a day with or without stated educational purposes.](#)
- ii. Describe the licensing requirements: [Pre-licensing visits are made to determine if a facility is in compliance with the minimum standards for issuing a license. Thereafter, all providers are monitored unannounced annually to determine if minimum standards are met. Visits are made to investigate complaints and/or offer consultation to providers.](#)
- iii. Provide the citation: [According to Minimum Standards for Daycare Center/Nighttime Centers on page 14, the following citations can be found: visits to centers are made by representatives of the Department to determine if minimum standards are being met, to investigate a complaint and to offer consultation. Visits made for the purpose of determining compliance with minimum standards or investigating a complaint shall be made without prior notice. Pre-licensing visits may be made by appointment.](#)
[According to the Policy and Procedure Manual found on page 56, each facility will have a yearly inspection. The yearly inspection may be a Renewal or Annual inspection.](#)

b. Family child care. Describe and provide the citation:

- i. Identify the providers subject to licensing: [There are two types of providers subject to licensing for family child care: group homes and family day care homes. A group home is defined as a child care facility which is a family home and which receives at least seven but no more than twelve children for care during part of the day and at least two adults are present. A family day care home is defined as a child care facility which is a family home and which receives no more than six children for care during the day.](#)

- ii. Describe the licensing requirements: [Pre-licensing visits are made to determine if a facility is in compliance with the minimum standards for issuing a license. Thereafter, all providers are monitored unannounced annually to determine if minimum standards are met. Visits are made to investigate complaints and/or offer consultation to providers.](#)
- iii. Provide the citation: According to Minimum Standards for Family Daycare Homes/Group Homes and Nighttime Family Daycare Homes/Group Homes on page 14, the following citations can be found: visits to centers are made by representatives of the Department to determine if minimum standards are being met, to investigate a complaint and to offer consultation. Visits made for the purpose of determining compliance with minimum standards or investigating a complaint shall be made without prior notice. Pre-licensing visits may be made by appointment.
According to the Policy and Procedure Manual found on page 56, each facility will have a yearly inspection. The yearly inspection may be a Renewal or Annual inspection.

c. In-home care (care in the child's own) (if applicable):

- i. Identify the providers subject to licensing: Click or tap here to enter text.
- ii. Describe the licensing requirements:
- iii. Provide the citation:

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

- a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.
 - i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption: [The following center-based child care providers are exempt from licensing requirements: kindergartens or nursery schools or other daytime programs operated by public elementary systems or secondary level school units or institutions of higher learning; kindergartens or nursery schools or other daytime programs, with or without stated educational purposes, operating no more than four hours a day and receiving children younger than lawful school age; kindergartens or nursery schools or other daytime programs operated as a part of a private school and receiving children younger than lawful school age for four hours a day or less, with or without stated educational purposes; facilities operated for more than four hours a day in connection with a shopping center or service or other similar facility, where transient children are cared for temporarily while parents or custodians of the children are occupied on the premises or are in the immediate vicinity and readily available; any type of day care center that is conducted on federal government premises; and](#)

special activities programs for children of lawful school age including, but not limited to, athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations provided local and state fire and health requirements are met.

- ii. **Provide the citation to this policy:** According to Minimum Standards for Daycare Center/Nighttime Centers on page 7 the following citations can be found: A day care center is defined in the Code of Alabama 1975, Section 38-7-2, (4) as follows. Any child-care facility receiving more than twelve (12) children for daytime care during all or part of a day. The term includes, but is not limited to, facilities commonly called "child-care centers", "day nurseries", "nursery schools," "pre-kindergartens," "preschools," "kindergartens," and "play groups," with or without stated educational purposes. The term further includes, but is not limited to, pre-kindergarten, preschool, kindergarten or nursery schools or other daytime programs operated as a part of a private school and receiving children younger than lawful school age for daytime care for more than four hours a day, with or without stated educational purposes. The term does not include any of the following: Kindergartens or nursery schools or other daytime programs operated by public elementary systems or secondary level school units or institutions of higher learning; Kindergartens or nursery schools or other daytime programs, with or without stated educational purposes, operating no more than four hours a day and receiving children younger than lawful school age. Kindergartens or nursery schools or other daytime programs operated as a part of a private school and receiving children younger than lawful school age for four hours a day or less, with or without stated educational purposes; Facilities operated for more than four hours a day in connection with a shopping center or service or other similar facility, where transient children are cared for temporarily while parents or custodians of the children are occupied on the premises or are in the immediate vicinity and readily available; provided, however, that such facilities shall meet local and state fire and health requirements; Any type of day care center that is conducted on federal government premises; or Special activities programs for children of lawful school age including, but not limited to, athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations; provided, however, that local and state fire and health requirements are met.

Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. The exemptions do not endanger the health, safety, and development of children because all providers who receive CCDF funds are monitored annually by the Lead Agency for health and safety requirements. All complaints involving health and safety issues facilities are investigated by a Child Development Consultant. All visits for monitoring, other than the initial visit, are unannounced. The facility must correct any violation of any of the health and safety guidelines within ninety (90) days of the discovery of the deficiency or the facility will be terminated from the Child Care Subsidy Program. In such instances, the facility will remain ineligible to participate until such time that no deficiencies exist, as verified by the Department's representative.

- b. License-exempt family child care. Describe and provide the citation by answering the questions below.
 - i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption: [Not Applicable](#)
 - ii. Provide the citation to this policy: [Not Applicable](#)
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. [Not Applicable](#)
- c. In-home care (care in the child’s own home by a non-relative): Describe and provide the citation by answering the questions below.
 - i. Identify the CCDF-eligible in-home child care (care in the child’s own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. [The lead agency does not allow non-relative providers to care for children outside their home. Non-relative providers are required to be licensed.](#)
 - ii. Provide the citation to this policy: [Not Applicable](#)
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. [Not Applicable](#)

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

- 5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.
 - a. Infant. Describe: [0-18 months](#)
 - b. Toddler. Describe: [18-30 months](#)
 - c. Preschool. Describe: [30 months up to 4 years of age; 4 years of age up to school-age](#)

- d. School-Age. Describe: 5 years of age on or before September 1 (or the date on which school begins in the enrolling district pursuant to Code of Alabama 1975 section 16-28-4) of a given year.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant

A. Ratio: 1:5

B. Group size: Group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary the lowest calculated number will determine the group size.

ii. Toddler

A. Ratio: 1:7 for age 18 months to 30 months; 1:8 for age 24 months to 36 months

B. Group size: Group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary, the lowest calculated number will determine the group size.

iii. Preschool

A. Ratio: 1:11 for age 30 months to 4 years; 1:18 for age 4 years to school-age

B. Group size: Group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary, the lowest calculated number will determine the group size.

iv. School-Age

A. Ratio: 1:21 for school-age up to 8 years; 1:22 for age 8 years and older

B. Group size: Group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary, the lowest calculated number will determine the group size.

v. Mixed-Age Groups (if applicable)

A. Ratio: When children of different ages are grouped together (multiple-age grouping), staff-child ratio shall be according to the age of the youngest child in the group if more than 20% of the children are in the youngest age category. If children in the youngest age category make up 20% or less of the group, staff-child ratio shall be according to the next highest age category.

B. Group size: The group size will be determined by the age group ratio that was applied based on the 20% rule. Group size is determined by all of the following categories: size of the room, age of the child, and available equipment per room. If any of these numbers vary, the lowest calculated number will determine the group size.

- vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.
Click or tap here to enter text.
- b. Licensed CCDF family child care home providers:
 - i. Mixed-Age Groups
 - A. Ratio: The ratio for a family daycare home is 1:6 (there can be no more than three children younger than 12 months with one caregiver) and for a group daycare home the ratio is 2:12 (there can be no more than six children younger than 12 months with two caregivers).
 - B. Group size: Group size is determined by all of the following categories: size of the room used in the home, age of the child, and available equipment per age group. If any of these numbers vary, the lowest calculated number will determine the group size.
 - ii. Infant (if applicable)
 - A. Ratio: The ratio for a family daycare home is 1:6 (there can be no more than three children younger than 12 months with one caregiver) and for a group daycare home the ratio is 2:12 (there can be no more than six children younger than 12 months with two caregivers).
 - B. Group size: Group size is determined by all of the following categories: size of the room used in the home, age of the child, and available equipment per age group. If any of these numbers vary, the lowest calculated number will determine the group size.
 - iii. Toddler (if applicable)
 - A. Ratio
 - B. Group size: Click or tap here to enter text.
 - iv. Preschool (if applicable)
 - A. Ratio:
 - B. Group size:
 - v. School-Age (if applicable)
 - A. Ratio: Click or tap here to enter text.
 - B. Group size: Click or tap here to enter text.
 - vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.
Click or tap here to enter text.
- c. Licensed in-home care (care in the child's own home):
 - i. Mixed-Age Groups (if applicable)
 - A. Ratio: *Click or tap here to enter text.*
 - B. Group size: *Click or tap here to enter text.*
 - ii. Infant (if applicable)

- A. Ratio: [Click or tap here to enter text.](#)
- B. Group size: [Click or tap here to enter text.](#)
- iii. Toddler (if applicable)
 - A. Ratio: [Click or tap here to enter text.](#)
 - B. Group size: [Click or tap here to enter text.](#)
- iv. Preschool (if applicable)
 - A. Ratio: [Click or tap here to enter text.](#)
 - B. Group size: [Click or tap here to enter text.](#)
- v. School-Age (if applicable)
 - A. Ratio: [Click or tap here to enter text.](#)
 - B. Group size: [Click or tap here to enter text.](#)
- vi. Describe the ratio and group size requirements for license-exempt in-home care. [Click or tap here to enter text.](#)

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

a. Licensed Center-Based Care

Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care: [A teacher must be 19 years of age, have a high school diploma or GED, and have 12 hours of required Minimum Standards training within 30 days as well as the 11 required CCDF training topics within 90 days. In addition, teachers must have the required comprehensive background check every 5 years. The only variation in these training requirements will be for the providers that are not licensed for infants. Providers who are not licensed for infants are not required to take training involving Sudden Infant Death Syndrome Prevention and the use of safe sleep practices or the Prevention of Shaken Baby Syndrome and Abusive Head Trauma. All providers, no matter the age group they are caring for, only take transportation training when applicable.](#) .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:

[The center director shall be 19 years of age, shall have at least 20 clock hours of training in administration and management and at least four clock hours of training in quality child care. In addition, the director shall meet: the minimum education qualification of a high school diploma or GED, 120 clock hours of training in child care and at least 12 months of experience as a childcare worker/teacher or as a director/program director in a licensed day care center or a Department approved setting; or have a CDA and 12 months working experience; or have an Associate's Degree in Child Development or Early Childhood Education and 9 months working experience; or have a Bachelor's Degree in Child Development or Early Childhood Education and 6 months working experience.](#)

- iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers: [A teacher must be 19 years of age, have a high school diploma or GED, and have the 11 required CCDF training topics within 90 days. In addition, teachers must have the required comprehensive background check every 5 years.](#)
- iv. If applicable, provide the website link detailing the center-based teacher and director qualifications. [N/A](#)
- b. Licensed Family Child Care
 - i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: [The caregiver shall have a high school diploma or GED and at least 24 hours of training in child development prior to initial licensing. For a group home, an assistant caregiver is also needed. The assistant caregiver shall have a high school diploma or GED and at least 12 hours of training within the first 30 days of employment. Both the caregiver and assistant caregiver must have the 11 required CCDF training topics within 90 days.](#)
 - ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes: [Click or tap here to enter text.](#)
 - iii. If applicable, provide the website link detailing the family child care home provider qualifications: <https://dhr.alabama.gov/wp-content/uploads/2020/01/Sr-No-Highlighted-Home-Standards-10-3-19.pdf>
- c. Regulated or registered In-home Care (care in the child's own home by a non-relative)
 - i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care: [Click or tap here to enter text.](#)
 - ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers: [Click or tap here to enter text.](#)

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.1 – 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. [The requirement is defined in Health and Safety Guidelines-Requirements and Procedures for Facilities Participating in the Child Care Subsidy Program. Reference is found under the section of Indoor Area pertaining to the section that facilities shall be clean. Second, it can be found in the Infant/Toddler Daily Program](#)

under the section Diapering and Toileting, and under Face and Handwashing. Third, it is found under the Preschool Daily Program section titled Face and Handwashing. Fourth, it is found under the Health Information section for the area covering Illness and Injury, Isolation and Removal, as well as the section labeled Contagious Diseases/Conditions. Fifth, it is found in the section labeled Hygienic Practices which covers Face/Handwashing for children and staff and the proper way to maintain toilet articles.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Not Applicable
- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. According to the Minimum Standards for Centers page 33 and the Health and Safety Guidelines for Facilities pages 23-24, and the Health and Safety Guidelines for Out of School Time page 16, the following citations may be found:
Illness and injury
 - (1) No child who is ill shall be admitted to the center. This regulation is not intended to require the exclusion of children in violation of the Americans with Disabilities Act (ADA). The Department of Human Resources is not the enforcement agency for the ADA. Determinations of illness may be based on: the child's inability to participate in the center's activities; the need for additional care that center staff cannot provide without taking time and attention away from the other children; signs of serious or contagious disease or condition, such as but not limited to food and allergic reactions, fever, diarrhea, vomiting, unexplained rash, scabies, head lice; a physician's diagnosis requiring that the child be separated from other children.
 - (2) Isolation and removal
 - (a) Any child in attendance who becomes ill, has a contagious disease or condition, or suffers an injury that requires professional medical attention shall be separated promptly from the group, but shall have continuous supervision by a staff person. Toys, bedding, equipment, and bathroom facilities used by an ill child or adult shall be cleaned and disinfected prior to use by another person.
 - (b) The ill or injured child's parent(s)/guardian(s) shall be notified immediately and required to come for, or arrange for another designated person to come for the child.
 - (c) If the parent(s)/guardian(s) or person designated by the parent(s)/guardian(s) cannot be reached or if the injury or illness is severe, the center shall obtain emergency medical treatment.

- (3) Contagious diseases/conditions
- (a) Not later than September 1, annually, each day care center shall provide educational information on influenza disease to the parent or legal guardian of each enrolled child. The educational information shall include, but need not be limited to, the causes and symptoms of influenza and the means by which it is spread, the risks associated with influenza, the availability, effectiveness, and known contraindications of the influenza vaccine, and the latest influenza vaccine recommendations of the Advisory Committee on Immunization Practices of the Center for Disease Control and Prevention (Code of Alabama 1975, Section 38-7-14.1.)
- (b) When a contagious disease/condition (a disease/condition which can be transmitted or spread from person to person) has been introduced into the center, parent(s)/guardian(s) of each exposed child shall be notified.
- (c) The center shall urge parent(s)/guardian(s) to notify the center when their child is known to have been exposed to a contagious disease/condition outside the center.
- (d) The center shall report any known or suspected case of contagious disease/condition to the county or state health department.

According to the Minimum Standards for Family Day Care Home/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 34-35, the following citations may be found:

Immunizations

Each child two (2) months up to five (5) years of age and five (5) year olds who are not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the home on the child's first day of attendance and the Certificate shall be kept current thereafter unless one of the following certificates is on file in the home:

- (1) A valid Alabama Certificate of Medical Exemption.

OR:

- (2) A valid Alabama Certificate of Religious Exemption.

Observations

Each child shall be observed for illness and injuries upon his/her arrival at the child care home, and if possible, shall be observed in the presence of his/her parent(s)/guardian(s).

Illness or injury

- (3) The licensee shall report promptly to the child's parent(s)/guardian(s):
- (a) Any injury, suspected illness or other changes observed in the health of their child;
- (b) Any exposure to a contagious disease, so that the child may be observed for symptoms of the disease.
- (4) No child who is ill shall be admitted to the home. This regulation is not intended to require the exclusion of children in violation of the Americans with Disabilities Act (ADA). The Department of Human Resources is not the enforcement agency for the ADA.

Determinations of illness may be based on: the child's inability to participate in the home's activities; the need for additional care that cannot be provided without taking time and attention away from the other children; signs of serious or contagious disease or condition, such as but not limited to food and allergic reactions, fever, diarrhea, vomiting, unexplained rash, scabies, head lice; a physician's diagnosis requiring that the child be separated from other children.

(3) Isolation and removal

- (a) Any child in attendance who becomes ill, has a contagious disease or condition, or suffers an injury that requires professional medical attention shall be separated promptly from the group, but shall have continuous supervision. Toys, bedding, equipment, and bathroom facilities used by an ill child or adult shall be cleaned and disinfected prior to use by another person.
- (b) The ill or injured child's parent(s)/guardian(s) shall be notified immediately and required to come for, or arrange for another designated person to come for the child.
- (c) If the parent(s)/guardian(s) or person designated by the parent(s)/guardian(s) cannot be reached or if the injury or illness is severe, the licensee shall obtain emergency medical treatment.

(4) Contagious diseases/conditions

- (a) When a contagious disease/condition (a disease/condition which can be transmitted or spread from person to person) has been introduced into the home, parent(s)/guardian(s) of each exposed child shall be notified.
- (b) The licensee shall urge parent(s)/guardian(s) to notify the licensee when their child is known to have been exposed to a contagious disease/condition outside the home.

According to the Minimum Standards for Centers page 55 the following citations may be found:

Immunizations.

- (a) On the child's first day of attendance, each child from two (2) months of age to lawful school age and each child of lawful school age who is not enrolled in public or private school kindergarten shall have a valid State of Alabama Certificate of Immunization on file in the center, unless one of the following is on file in the center:
 - A valid State of Alabama Certificate of Medical Exemption;
- OR**
- A valid Alabama Certificate of Religious Exemption.
 - (b) Each child's Certificate of Immunization shall be updated according to the expiration date indicated on the certificate.

According to the Minimum Standards for Centers page 45 and the Health and Safety Guidelines for Facilities pages 32, and the Health and Safety Guidelines for Out of School Time page 22 the following citations may be found:

- a. Initially, each staff person shall provide a statement, on the required form, from a licensed practicing medical doctor, physician's assistant, or a certified nurse practitioner. The initial statement shall be dated within six (6) months prior to employment and shall document the date and results of a tuberculin skin test or chest x-ray (also dated within six (6) months). The statement shall attest to the physical suitability of the staff person to care for children or to perform services in a center, and the person's freedom from infectious or contagious diseases. The statement shall be signed by the licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, and shall be on file in the center at the time of employment. (See Appendix C., page **Error! Bookmark not defined.**, for required form.)
- b. At least every four (4) years after the date of the initial statement, each staff person shall obtain a statement, on the required form, from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests to the staff person's freedom from infectious or contagious diseases and physical fitness to care for children or perform services in a center. The statement shall be on file in the center. (See Appendix C., page 79, for required form.)
- c. Staff persons with symptoms of a contagious disease/condition shall not be present in the center.

According to the Minimum Standards for Family Day Care Home/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 25, the following citations may be found:

- a. Initially, the applicant/licensee shall provide a medical report, on the required form, (see Appendix B, page 66, for required form) from a licensed practicing medical doctor, physician's assistant (as defined in Section 34-4-290 (4), Code of Alabama 1975), or a certified nurse practitioner. The initial report shall be dated within six (6) months prior to the date of the initial application and shall document the date (shall also be within six (6) months) and result of a tuberculin skin test or chest x-ray. The medical report shall attest to the physical ability of the applicant/licensee to care for children and the person's freedom from infectious or contagious diseases. The statement shall be signed by a licensed practicing medical doctor, a physician's assistant, or a certified nurse practitioner and shall be on file with the Department. A copy of the medical statement shall be kept on file by the applicant/licensee.
- b. At least every two (2) years after the date of the initial medical report the licensee shall obtain a report (see Appendix B, page 66, for required form) from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, which attests to the licensee's freedom from infectious or contagious diseases and to his/her physical ability to care for children. The report shall be submitted to the Department. A copy shall be kept on file in the home.
- c. A medical report (see Appendix B, page 66, for required form) from a licensed practicing medical doctor, physician's assistant, or certified nurse practitioner, dated within six (6) months prior to the date of the initial application, shall be submitted initially for each household member. The medical report shall document the date (shall also be within six (6) months) and result of a tuberculin skin test or chest x-ray. At least every four (4) years after the date of the initial medical report, each member of the household shall submit another medical report, signed by a licensed

practicing medical doctor, physician's assistant, or certified nurse practitioner. Each report shall indicate the person's physical condition and freedom from infectious or contagious diseases.

- d. In addition to the medical report, for each child from two (2) months to five (5) years of age, living in the home, a valid State of Alabama Certificate of Immunization, a valid Alabama Certificate of Medical Exemption, or a valid Alabama Certificate of Religious Exemption shall be submitted to the Department. A copy shall be kept on file in the home.
- e. A medical report (see Appendix B, page 66, for required form) from a licensed practicing medical doctor, or physician's assistant, or certified nurse practitioner, shall be submitted initially (dated within six (6) months prior to the date of the initial application) and at least every two (2) years after the date of the initial report, on all substitutes, assistant caregivers, and household domestic workers who have contact with the children in care or with food served to the children in care. The medical report shall document the date (shall also be within six (6) months) and result of a tuberculin skin test or chest x-ray. Each report shall indicate the person's physical condition and freedom from infectious or contagious diseases.

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers. According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (see page 44 for CCDF requirements on specific training topics). Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Home/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;

- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration ;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (see page 44 for CCDF requirements on specific training topics).

Both preservice and ongoing trainings require one hour of Prevention and Control of Infectious Diseases.

According to the Minimum Standards for Family Day Care Home/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48 the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;

- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- (1) Prevention and control of infectious diseases (including immunization);
- (2) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (3) Medication administration;
- (4) Prevention of and response to emergencies due to food an allergic reactions;
- (5) Building and physical premises safety;
- (6) Prevention of shaken baby syndrome and abusive head trauma;
- (7) Emergency preparedness and response planning;
- (8) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (9) Recognition and reporting of child abuse and neglect;
- (10) First aid and CPR;
- (11) If applicable, appropriate precautions in transporting children.

Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? For the programs using the Health and Safety for Out of School Time Manual, one hour of training in Child Development has been added as a requirement. All other programs receiving CCDF funds meet licensing requirements, which already requires Child Development training.

- ii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

- iii. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- iv. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency sends updates to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency's Training and Development Unit upon request by the provider or the child care consultant assigned to the provider.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. Each infant younger than 12 months must be placed on their backs to sleep, positioning devices are not to be used in cribs without a physician's note, soft materials or other objects are prohibited in the infant's sleeping environment, and no infant should be put to sleep on a soft surface-such as a sofa. At least one person must be in the room where children are napping and staff person(s) should be able to see all children in the room.

Cribs must meet federal standards and have slats no more than 2 3/8 inches apart. Mattresses should fit cribs snugly and be in good condition with no tears or exposed foam rubber or other stuffing material.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. According to the Minimum Standards for Centers page 22, and the Health and Safety Guidelines for Facilities pages 14, the following citations may be found:

There shall be a crib, manufactured with slats no more than 2³/₈ inches apart, provided for each infant. Each crib shall have a firm, waterproof mattress that fits snugly against all sides of the crib. Mattresses shall be in good condition with no tears or exposed foam rubber or other stuffing material. **Stacked cribs or multiple crib units are prohibited.**

In accordance with the U.S. Consumer Product Safety Act of 2008, any crib provided by a child care facility must meet federal safety standards.

- i. To verify compliance with federal standards, any crib manufactured prior to June 28, 2011, there shall be a Certificate of Compliance on file in the facility and the crib must have a label attached to show the date of manufacture

- ii. Any crib manufactured after June 28, 2011, must have a label attached to show date of manufacture.

According to the Minimum Standards for Centers page 27, and the Health and Safety Guidelines for Facilities pages 18, the following citations may be found:

Crib sheets shall fit the mattress snugly.

In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment (younger than twelve (12) months).

- (i) Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, shall not be placed under a sleeping infant.
- (ii) Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas-trapping objects shall be kept out of the infant's sleeping environment.
- (iii) No infant shall be put to sleep on a sofa, soft mattress, or other soft surface.

At least one staff person shall be present in each room where children are napping/resting. The staff person shall be able to see all the children in the room.

According to the Minimum Standards for Family Day Care home/Family Nighttime Homes and Group Day Care Home/Group Nighttime Homes pages 18-19 and 34, the following citations may be found:

Each child younger than twelve (12) months of age shall sleep alone in a crib or play pen. If cribs are used, cribs manufactured with slats no more than $2\frac{3}{8}$ inches apart shall be provided. A waterproof mattress which fits snugly against all sides of the crib shall be provided. Mattresses shall be in good condition, with no tears or exposed foam rubber or other stuffing.

In accordance with the U.S. Consumer Product Safety Act of 2008, any crib provided by a child care facility must meet federal safety standards.

- i. To verify compliance with federal standards, any crib manufactured prior to June 28, 2011, there shall be a Certificate of Compliance on file in the facility and the crib must have a label attached to show the date of manufacture.
- ii. Any crib manufactured after June 28, 2011, must have a label attached to show date of manufacture.

In accordance with recommendations from the American Academy of Pediatrics, unless the infant has a note from a physician specifying otherwise, each infant shall be placed in a supine (on his/her back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).

In accordance with recommendations from the American Academy of Pediatrics, when an infant can easily turn over from the supine (back) to the prone (front) position, he/she shall be put down to sleep on his/her back, but allowed to adopt whatever position he/she prefers for sleep.

In accordance with recommendations from the American Academy of Pediatrics, each infant (younger than twelve (12) months) shall be placed in a prone (front) position part of the time he/she is awake and

observed. "Tummy time" helps muscle development and reduces the tendency of back positioning to flatten the back of the infant's head.

In accordance with recommendations from the American Academy of Pediatrics, unless a physician specifies the need for a positioning device that restricts movement within the child's bed, such devices shall not be used.

In accordance with recommendations from the American Academy of Pediatrics, soft materials are prohibited in the infant's sleeping environment (younger than twelve (12) months).

- ((1)) Soft materials or objects, such as pillows, quilts, comforters, or sheepskins, shall not be placed under a sleeping infant.
- ((2)) Soft objects, such as pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other gas-trapping objects shall be kept out of the infant's sleeping environment.
 - (i) No infant shall be put to sleep on a sofa, soft mattress, or other soft surface.
 - (j) Each child between 12 and 18 months of age shall sleep alone in a crib or play pen or on a low cot.

The children shall be supervised at all times. The licensee shall be responsible for the care and supervision of the children at all times.

b. Pre-Service and Ongoing Training

- i. **Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.** According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (**see page 44 for CCDF requirements on specific training topics**). Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);

- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration ;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;

Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31 and the Health and Safety Guidelines for Out of School Time page 22 the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (see page 44 for CCDF requirements on specific training topics).

Both preservice and ongoing trainings require one hour of Prevention of sudden infant death syndrome and the use of safe-sleep practices

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- (l) Prevention and control of infectious diseases (including immunization);
- (m) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (n) Medication administration;
- (o) Prevention of and response to emergencies due to food and allergic reactions;
- (p) Building and physical premises safety;
- (q) Prevention of shaken baby syndrome and abusive head trauma;
- (r) Emergency preparedness and response planning;
- (s) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (t) Recognition and reporting of child abuse and neglect;
- (u) First aid and CPR;
- (v) If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- (l) Prevention and control of infectious diseases (including immunization);
- (m) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (n) Medication administration;
- (o) Prevention of and response to emergencies due to food and allergic reactions;
- (p) Building and physical premises safety;
- (q) Prevention of shaken baby syndrome and abusive head trauma;

- (r) Emergency preparedness and response planning;
- (s) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (t) Recognition and reporting of child abuse and neglect;
- (u) First aid and CPR;
- (v) If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Not Applicable](#)
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 - Pre-Service
 - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and

update the health and safety practices as described in the standards above.

[The Lead Agency sends updates to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. [Medication, including prescription and over the counter, cannot be administered without a Medication Form signed by the parent. Medications must be in their original container labeled with the child's name and instructions, administered by a designated staff, stored under lock and key, and returned to parents when no longer needed.](#)
- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. [Not Applicable](#)
- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [According to the Minimum Standards for Centers page 34-35, the Health and Safety Guidelines for Facilities pages 24-25, and the Health and Safety Guidelines for Out of School Time page 17, the following citations may be found:](#)

[Authority and procedure for administering medication or medical procedures shall be clearly defined.](#)

- (a) [No medication or medical procedures \(prescription or over-the-counter\) shall be administered without a written, signed authorization, on the required form, from the child's parent\(s\)/guardian\(s\). **Blanket authorization forms are prohibited.** The authorization form shall include time\(s\) and date\(s\) to be administered, dosage, storage instructions, and specific directions for administering the medication/medical procedure, such as given by mouth, apply to skin, \(such as but not limited to sun-screen, bug spray, hand sanitizer\), inhale, drops in eyes, etc. An authorization form shall be valid for no more than seven \(7\) days unless accompanied by a written physician's statement. \(See Appendix H, page 79, for required form.\)](#)
- (b) [Any prescription drug or over the counter drug sent to the center shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician's written instructions. Over the counter drugs shall be clearly labeled with the child's name and directions for administering the drug. A measuring device \(if the medication requires measuring\) shall be provided for each child's medication.](#)

- (c) Medication or medical procedures shall be administered to the child by the designated staff.
- (d) Locked storage (lock and key or combination lock), inaccessible to children, shall be provided for all medication or drugs (children's or staff's).
- (e) Medicines/drugs shall be returned to the parent(s)/guardian(s) or disposed of properly when no longer needed.
- (f) Time and date of all medication dosages or medical procedures administered at center shall be documented, in writing, signed by the staff person administering the medication or medical procedure (initials not acceptable), and kept in the child's file. (See Section H., 4., page 79, for children's records requirements.) Copies shall be made available to the child's parent(s)/guardian(s) on request.

Authority and procedure for administering medication or medical procedures shall be clearly defined.

- (a) No medication or medical procedures (prescription or over-the-counter) shall be administered without a written, signed authorization, from the child's parent(s)/guardian(s). **Blanket authorization forms are prohibited.** The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions, and specific directions for administering the medication/medical procedures, such as "give-by-mouth", apply to skin, inhale, drop in eyes, etc. An authorization form shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.
- (b) Any prescription drug or over the counter drug sent to the facility shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician's written instructions. Over the counter drugs shall be clearly labeled with the child's name and directions for administering the drug. A measuring device (if the medication requires measuring) shall be provided for each child's medication.
- (c) Medication or medical procedures shall be administered to the child by the designated staff.
- (d) Locked storage (lock and key or combination lock), inaccessible to children, shall be provided for all medication or drugs (children's or staff's).
- (e) Medicines/drugs shall be returned to the parent(s)/guardian(s) or disposed of properly when no longer needed.
- (f) Time and date of all medication dosages or medical procedures administered at facility shall be documented, in writing, signed by the staff person administering the medication or medical procedure (initials not acceptable), and kept in the child's file. Copies shall be made available to the child's parent(s)/guardian(s) on request.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 35, the following citations may be found:

Medication/Medical Procedures

- (1) No medication or medical procedures (prescription or over-the-counter) shall be administered without a written, signed, authorization form from the child's parent(s)/guardian(s). **Blanket authorization forms are prohibited.** The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions, and specific directions for administering the medication/medical procedure, such as given by mouth, apply to skin (such as but not limited to sunscreen, bug spray, hand sanitizer), inhale, drops in eyes, etc. An authorization form shall be valid for no more than seven (7) days, unless accompanied by a written physician's statement. (See Appendix H, page 76, for required form.)
- (2) Any prescription drug or over-the-counter drug sent to the home shall be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician's written instructions. Over-the-counter drugs shall be clearly labeled with the child's name and directions for administering the drug. A measuring device (if the medication requires measuring) shall be provided for each child's medication.
- (3) All medication (children's or household member's) shall be kept under lock and key or combination lock.
- (4) Medicines/drugs shall be returned to the child's parent(s)/guardian(s) or disposed of properly when no longer needed.
- (5) Time and date of all medication dosages or medical procedures administered by the licensee/caregiver shall be documented, in writing, signed by the person administering the medication or medical procedure (initials not acceptable), and kept in the child's file in the home. (See Section F., 3., g., page 44, for children's records requirements.) Copies shall be made available to the child's parent(s)/guardian(s) on request.

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers. According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations maybe found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (**see page 44 for CCDF requirements on specific training topics**). Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following

eleven (11) required topic areas:

- (i) Prevention and control of infectious diseases (including immunization);
- (j) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (k) Medication administration;
- (l) Prevention of and response to emergencies due to food and allergic reactions;
- (m) Building and physical premises safety;
- (n) Prevention of shaken baby syndrome and abusive head trauma;
- (o) Emergency preparedness and response planning;
- (p) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration ;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;

Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licenses, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (see page 44 for CCDF requirements on specific training topics).

Both preservice and ongoing trainings require one hour of Administration of medication, consistent with standards for parental consent

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;

Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio
contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases
(including immunization);
Sudden infant death syndrome (SIDS) prevention
and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to
food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive
head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct
disposal of bio contaminants;
Recognition and reporting of child abuse and
neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [One variation is that the Minimum Standards for Homes requires household members' medication to be under lock and key as well as children's medication.](#)
- ii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
- Pre-Service
 Orientation within three (3) months of hire
- iii. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- iv. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency sends updates to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. All facilities are required to have a Preadmission Form for each child that includes a list of any special needs or instructions for allergy information.

Centers-Meals and snacks for children with special dietary needs shall be provided in accordance with the child's needs and written instructions of the child's parent(s)/guardian(s) or a licensed physician. Meals and snacks shall be planned in advance, dated, posted in view of parent(s)/guardian(s) and food substitutions noted on the menu.

Homes-Formula or food for infants and other special diets recommended or prescribed by a physician shall be prepared as directed by the parent(s)/guardian(s). Special foods for any child shall be clearly labeled with the child's name and stored as directed.

For Centers and Homes determination of illnesses include signs of serious or contagious disease or condition such as food and allergic reactions. Any child that suffers an illness as described above shall be separated and continuously supervised, the parent must be contacted immediately. If the parent cannot be reached and the illness is severe the facility should seek emergency medical treatment.

Facilities are required to have a written care plan regarding food allergies. The plan should include the food the child is allergic to and what to do in case of an allergic reaction. The plan should be taken when children are on field trips or any time children are transported. Parents should be notified immediately of allergic reactions and teachers should be aware of the child's food allergy.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Not Applicable

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. The Preadmission Form, which includes instructions for the listing of special needs and other instructions, including food

allergies, may be found on pages 86-87 in the Minimum Standards for Centers and on pages 74-75 in the Minimum Standards for Homes.

According to the Minimum Standards for Centers, page 31 and the Health and Safety Guidelines for Facilities page 21, the following citations may be found:

Meals and snacks for children with special dietary needs shall be provided in accordance with the child's needs and written instructions of the child's parent(s)/guardian(s) or a licensed physician.

Menus for meals and snacks shall be planned in advance, dated and posted where they may be seen by the parent(s)/guardian(s). Menus shall include a variety of foods. Food substitutions shall be noted on the menu.

Meals and snacks shall be provided by the center. When a parent(s)/guardian(s) chooses to provide food for their child, a written signed statement indicating this shall be on file in the center.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 38, the following citations may be found:

Formula or food for infants and other special diets recommended or prescribed by a physician shall be prepared as directed by the parent(s)/guardian(s). Special foods for any child shall be clearly labeled with the child's name and stored as directed.

According to the Minimum Standards for Centers page 33, the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 34, the Health and Safety Guidelines for Facilities page 23, and the Health and Safety Guidelines for Out of School Time page 16, the following citations may be found:

Determinations of illness may be based on: the child's inability to participate in the center's activities; the need for additional care that center staff cannot provide without taking time and attention away from the other children; signs of serious or contagious disease or condition, such as but not limited to food and allergic reactions, fever, diarrhea, vomiting, unexplained rash, scabies, head lice; a physician's diagnosis requiring that the child be separated from other children.

Any child in attendance who becomes ill, has a contagious disease or condition, or suffers an injury that requires professional medical attention shall be separated promptly from the group, but shall have continuous supervision by a staff person.

The ill or injured child's parent(s)/guardian(s) shall be notified immediately and required to come for, or arrange for another designated person to come for the child.

If the parent(s)/guardian(s) or person designated by the parent(s)/guardian(s) cannot be reached or if the injury or illness is severe, the center shall obtain emergency medical treatment.

According to The Minimum Standards page 33 the following citations may be found:

Care for children with food allergies. Each child with a food allergy should have a written care plan that includes:

- (a) Instructions regarding the food(s) to which the child is allergic and the steps to be taken to avoid that food.
- (b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of prompt administration of any medicines.
- (c) The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be carried on field trips and when child is transported.
- (d) The center should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The center should contact the emergency medical services system immediately whenever epinephrine has been administered.
- (e) Each child's food allergies should be readily available and known by the child's teacher(s).

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers. According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (**see page 44 for CCDF requirements on specific training topics**).

Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (q) Prevention and control of infectious diseases (including immunization);
- (r) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (s) Medication administration;

- (t) Prevention of and response to emergencies due to food and allergic reactions;
- (u) Building and physical premises safety;
- (v) Prevention of shaken baby syndrome and abusive head trauma;
- (w) Emergency preparedness and response planning;
- (x) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration ;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (**see page 44 for CCDF requirements on specific training topics**).

Both preservice and ongoing trainings require one hour of Prevention of and response to emergencies due to food and allergic reactions.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Not Applicable](#)
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
- Pre-Service
 Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
- Yes
 No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
[The Lead Agency sends updates to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)

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

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by childcare programs. [These standards cover the following: the locking and labeling of hazardous substances and materials; not allowing firearms or ammunition; hand railing for stairs; the marking of clear glass doors; the storage of medications and drugs; barriers around radiators, heaters, and fans; protective coverings on electrical outlets; prohibited consumption of alcohol, illegal drugs, and smoking; concrete use under equipment; standing water on playground; hazardous conditions in outdoor play area; anchoring of equipment; wading structures less than two feet in depth; lifeguard requirements for swimming; ratios for swimming; fencing requirements around bodies of water; First Aid/CPR requirements; and the storage and use of wading structures.](#)
- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. [One variation for family day care homes and group homes is the allowance for guns and firearms to be present as long as the gun is stored unloaded under lock and key and the ammunition is stored separately under lock and key. Another variation is that smoking and alcohol use is not allowed during the hours of childcare for family day care homes and group homes. Variations for swimming ratios for family day care homes and group homes differ from centers and are as follow: 1 adult for each child younger than 2 ½ years, 1 adult for every 3 children 2 ½ to 6 years, 1 adult to every 5 children 6 years and older. Ratios for swimming and wading shall be based on the age of the youngest child swimming in Centers.](#)
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [According to the Minimum Standards for Centers page 18, the Health and Safety Guidelines for Facilities page 11, and the Health and Safety Guidelines for Out of School Time pages 10-11, the following citations may be found:](#)
 - (1) The center shall be free from apparent hazardous conditions.
 - (2) All flammable, poisonous and other hazardous substances and materials (including but not limited to anything that states “Keep out of reach of children”) shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.
 - (3) No firearms or ammunition shall be kept or allowed in the center with the exception of law enforcement officers.
 - (4) Stairways used by the children shall have hand railings within child’s reach.
 - (5) Clear glass doors shall be plainly marked at child level, to avoid accidental impact.

- (6) Medicines and drugs for children or staff shall be kept under lock and key or combination lock, in a separate location away from toxic chemicals and other harmful items. (See Section D., 6., a., (5) page 34 for additional requirements regarding medication.)
- (7) Barriers shall be erected around radiators, heaters, and fans that are accessible to the children.
- (8) Exposed electrical outlets shall have protective covers. The covers shall be large enough to prevent being swallowed.
- (9) Consumption or possession of alcohol or use of non-prescription narcotic or illegal substances is prohibited on the center premises.
- (10) Smoking or tobacco usage is prohibited on the center premises, (including but not limited to cigarettes, cigars, pipes, and electronic cigarettes).
- (11) Bio contaminants shall be:
 - a. Stored in locked areas;
 - b. removed from the premises
 - c. inaccessible to children
 - d. shall be disposed of in a covered, plastic lined receptacle.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 15-16, the following citations may be found:

:

- (1) The home shall be free from apparent hazardous conditions.
- (2) The home shall have electricity, water, gas (if used for cooking/heating), and a waste disposal system (city sewage or septic tank).
- (3) The licensee shall have a working telephone in the home.
- (4) All poisons, cleaning supplies, flammable and other dangerous substances (including but not limited to anything that states, "Keep out of Reach of Children") shall be kept under lock and key or combination lock when not in use.
- (5) Animals in the home
 - (a) Animals or breeds of animals that have shown aggressive behavior, shall not be kept in the home or on the grounds.
 - (b) Animals that are not aggressive but could pose a threat to the health and safety of the children shall be kept in an area away from the children.
 - (c) Animals shall not be allowed in areas of food storage, food preparation or food service during the hours of child care.
 - (d) A current certificate of rabies vaccination shall be on file in the home for any animal required by law to be vaccinated.
- (6) If fans are used for ventilation, blades within reach of children shall be enclosed for safety.

- (7) All exposed electrical outlets shall have protective covers. The covers shall be large enough to prevent being swallowed.
- (8) During hours of operation, all guns/firearms shall be unloaded and stored under lock and key or combination lock. Ammunition shall be stored separately from guns/firearms, under lock and key or combination lock.
- (9) All stairs used by the children shall have handrails within child's reach.
- (10) Smoking/tobacco use is prohibited on the premises during the hours of child care, including but not limited to cigarettes, cigars, electronic cigarettes, pipes, etc.
- (11) All medication shall be kept under lock and key or combination lock.
- (12) Clear glass doors, such as patio and storm doors, shall be plainly marked at child level, to prevent accidental impact.
- (13) Tools and machinery shall be kept in an area where the children cannot get to them.
- (14) Hot tubs shall be securely covered or drained during the hours of child care.
- (15) In the event of power failure or other emergency situations, the licensee shall have a flashlight in working condition, in a convenient location.
- (16) Consumption of alcohol is prohibited during hours of child care.
- (17) Non-prescription narcotic or illegal substances are prohibited in the home or on the grounds.
- (18) Bio contaminants shall be:
 - (a) stored in locked areas;
 - (b) removed from the premises;
 - (c) inaccessible to children;
 - (d) disposed of in a covered, plastic lined receptacle.

According to the Minimum Standards for Centers page 19-20, the Health and Safety Guidelines for Facilities page 12 and the Health and Safety Guidelines for Out of School Time pages 11-12, the following citations may be found:

For centers licensed, permitted, or approved after January 22, 2001, an off-street area for loading/unloading children shall be provided.

- b. For centers licensed, permitted, or approved after January 22, 2001, these regulations for outdoor play area per child shall be:
 - (1) In centers with a licensed, permitted, or approved capacity of less than 60 children, there shall be at least 60 square feet of outdoor play area for each child;
 - (2) In centers with a licensed, permitted or approved capacity of 60 or more children, there shall be at least 60 square feet of outdoor play area for each child for at least one-half of the center's licensed, permitted, or approved capacity.

- c. Separate play areas shall be provided for children younger than age 2½ years. This may be achieved by scheduling alternate play periods.
- d. Outdoor play areas shall adjoin, or be safely accessible to, the indoor area.
- e. Outdoor play areas on the premises shall be enclosed by a fence or wall at least four (4) feet in height. The fence or wall shall be free from sharp protruding edges. Gates shall be secured.
- f. Shade structure and sun areas shall be provided.

The outdoor play area shall be free of apparent hazardous conditions.

- (1) Concrete or asphalt shall not be used under outdoor playground equipment, except wheel toys.
- (2) The outdoor play area shall be well-drained.
- (3) Playground equipment which is not designed to be portable shall be securely anchored so that it cannot be tipped over by an adult.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 20, the following citations may be found:

Outdoor play area

- (1) Children shall be supervised at all times.
- (2) The outdoor play area shall be free from apparent hazardous conditions.
- (3) There shall be at least one outdoor play area of at least 300 square feet on the grounds. The outdoor play area shall be enclosed by a fence or wall at least four (4) feet in height, free from sharp, protruding edges, except where prohibited by federal regulations. Written documentation shall be submitted to the Department.
- (4) The licensee shall provide at least two (2) different items of active/outside play equipment listed in Section L., page 57, Equipment List, for each age group specified on the license/permit.
- (5) Outdoor play equipment, which is not designed to be portable, shall be securely anchored so that it cannot be tipped over by an adult.
- (6) Concrete or asphalt shall not be used under outdoor play equipment, except wheel toys.
- (7) The outdoor play area shall be free of any stacked wood, construction materials, lumber, or firewood.
- (8) Stairs or steps used by the children shall have handrails within child's reach.

According to the Minimum Standards for Centers pages 20-21, the Health and Safety Guidelines for Facilities pages 13-14, and the Health and Safety Guidelines for Out of School Time pages 12-13, the following citations may be found:

Parent(s)/guardian(s) permission:

Written permission signed by each child's parent(s)/guardian(s) shall be on file in the center for each child participating in swimming or wading activities.

b. Pools two (2) feet or more in depth:

- (1) A lifeguard shall be at poolside at all times the pool is in use. Each lifeguard shall have a current American Red Cross Lifeguard Training Certificate, a current First Aid Certificate, and current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR). A copy of each certificate or certification shall be on file in the center.
- (2) The lifeguard shall **not** be counted in the staff-child ratio for children in the pool.
- (3) The staff-child ratio for children in the pool shall be:
 - (a) 1 staff for each child younger than 2½ years of age;
 - (b) 1 staff for every 4 children ages 2½ years up to 4 years;
 - (c) 1 staff for every 6 children ages 4 years up to 6 years;
 - (d) 1 staff for every 10 children ages 6 years and older.

Ages	Staff to Child Ratio
0 up to 2½ years	1 to 1
2½ years up to 4 years	1 to 4
4 years up to 6 years	1 to 6
6 years and older	1 to 10

- (4) Ratios shall be determined by the age of the youngest child in the pool.
- (5) Persons counted in the staff-child ratios for children in the pool shall meet child care worker qualifications, and shall be in the pool at all times. (See Section F., 1., b., page 178, for qualifications.)
- (6) In addition to the lifeguard and persons counted in the staff-child ratios for children in the pool, staff meeting child care worker qualifications shall be provided to supervise any child or children in the enclosed pool area (inside the fence), but not in the water. Required staff-child ratios as stated in Section D., 1., a, page 42, shall be met for children not in the water.
- (7) If any part of a child's body is in the water, the child shall be considered to be in the pool and shall be counted in the staff-child ratios for children in the pool.
- (8) Pools (above-ground or in ground) shall be enclosed with a fence or a solid wall with no doors or windows. The fence or wall shall be at least four (4) feet in height, and shall be constructed to prevent accessibility by children. The sides of an above-ground pool shall not be considered a fence or wall. Gates and all other access areas shall be locked when the pool is not in use.

c. Wading structures less than two (2) feet in depth:

- (1) There shall be at least one (1) staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate, present

at each wading structure at all times children are in the wading area. A copy of the CPR and First Aid Certificates or Certifications shall be on file in the center. Required staff-child ratios as stated in Section D., 1., a., page 24, shall be met at all times.

- (2) There shall be at least two (2) staff at each wading structure at all times it is in use.
- (3) Clean water shall be provided each day.
- (4) The wading structure shall be emptied when not in use.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 21, the following citations may be found:

:

- (1) When a swimming pool (above ground or in-ground), two (2) feet or more in depth is accessible to the area used for child care, the pool shall be enclosed by a fence or a solid wall which has no doors or windows. The sides of an above ground pool shall not be considered a fence or wall. The fence or wall shall be at least four (4) feet in height, with a locking gate. The gate and all areas of access shall remain locked at all times the pool is not in use.
 - (a) If children are allowed in the pool area, additional supervision shall be required. The adult to child ratio shall be:
 - (i) one adult caregiver for each child younger than 2½ years;
 - (ii) one adult caregiver for every three (3) children 2½ years up to 6 years of age;
 - (iii) one adult caregiver to every five (5) children 6 years of age and older.
 - (b) A person with a current American Red Cross Lifeguard Training Certificate shall be in the pool area at all times when the pool is in use. A copy of the current American Red Cross Lifeguard Training Certificate shall be on file in the home.
 - (c) The pool shall be maintained in a clean and safe condition.
- (2) When a wading structure less than two (2) feet in depth is available to the children, there shall be continuous supervision by an adult caregiver. The wading pool shall be filled with clean water prior to each day's usage. The wading pool shall be emptied when not in use.
- (3) The licensee shall be present during any swimming/wading activities.
- (4) Written permission for participation in swimming/wading activities from each child's parent(s)/guardian(s) shall be on file in the home if swimming/wading is provided.

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers. . According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (**see page 44 for CCDF requirements on specific training topics**). Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration ;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (**see page 44 for CCDF requirements on specific training topics**).

Both preservice and ongoing trainings require one hour of building and physical premises Safety.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;

First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Not Applicable](#)

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 - Pre-Service
 - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
[The Lead Agency sends updates to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency's Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. [Infants and toddlers should be handled gently, infants' heads shall be supported when lifting and rough or harsh handling is prohibited, which includes such things as shaking, lifting by one arm, covering the infants face, etc. In addition, the use of corporal punishment is prohibited in a childcare facility.](#)
- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[Not Applicable](#)
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [According to the Minimum Standards for Centers page 26, the Health and Safety Guidelines for Facilities page 17, and the Minimum Standards for Family Day Care Homes/Group Homes and Nighttime Family Day Care Homes/Group Homes page 37, the following citations may be found:](#)

[Infants/toddlers shall be handled gently. Staff shall support each infant's head while lifting and holding the infant. Rough or harsh handling is prohibited, including but not limited to: shaking; lifting or jerking by one or both arms; pushing; pulling; forcing or restricting movement; lifting or moving by grasping clothing; covering an infant's/toddler's mouth, face, or head, etc.](#)

According to the Minimum Standards for Centers page 32, the Health and Safety Guidelines for Facilities page 23, the Health and Safety Guidelines for Out of School Time page 15, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 39, the following citations may be found:

The use of corporal or physical punishment is prohibited, including but not limited spanking; shaking; slapping; kicking; pushing; biting; pinching; hitting; thumping; hair pulling; ear pulling;

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers. According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (**see page 44 for CCDF requirements on specific training topics**). Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Home/ Group Nighttime Homes pages 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration ;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (**see page 44 for CCDF requirements on specific training topics**).

Both preservice and ongoing trainings require one hour of prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;

Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [The only variation in training requirements is for age of care. If a provider does not care for infants/toddlers, they will not have to participate in the training of shaken baby syndrome.](#)
 - iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 - Pre-Service
 - Orientation within three (3) months of hire
 - iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
 - v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
[The Lead Agency sends updates to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)
- 5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.
- a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. All facilities must develop a disaster plan, make it available to the staff, post it in a conspicuous place and provide parents with a copy. The plan must cover emergencies and disasters and include details such as shelter in place, assisting children with special needs, and reunification with parents, etc. In addition, the plan should cover things such as the location of fire extinguishers and first aid supplies, phones to be used, and include information on drills which must be held quarterly.
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Not Applicable
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. According to the Minimum Standards for Centers page 36, the Health and Safety Guidelines for Facilities page 26, the Health and Safety Guidelines for Out of School Time page 17, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 23, the following citations may be found:

Emergency Preparedness and Response Plans

The Center shall develop a written disaster plan and make it available to all child care staff members and employees. This plan shall be posted in a conspicuous place. This emergency preparedness plan must be submitted to the Department and copies provided to all parents/guardians.

The plan shall include procedures that will be used to prepare for and respond to the following types of emergency or disaster situations:

- (1) Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes;
- (2) Emergency outdoor or indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism;
- (3) Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats;
- (4) Outbreaks, epidemics, or other infectious disease emergencies;
- (5) Loss of power, water or heat;
- (6) Other threatening situations that may pose a health or safety hazard to the children in the center.

- b. The disaster plan shall include details for:

- (1) Shelter in place or evacuation, how the center will care for and account for the children until they can be reunited with the parent;
 - (2) Assisting infants and children with special needs and/or health conditions;
 - (3) Reunification with parents;
 - (a) Emergency contact information for the parents and the center,
 - (b) Procedures for notifying and communicating with parents regarding the location of the children if evacuated
 - (c) Procedures of communicating with parents during loss of communications (no phone or internet service available)
 - (4) The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place;
 - (5) What to do if a disaster occurs during the transport of children, or when on a field trip or routine trip;
 - (6) Training of staff or reassignment of staff duties as appropriate;
 - (7) Updating the plan on a yearly basis;
 - (8) Contact with local emergency management officials;
- c. The plan should also be inclusive of:
- (1) Current emergency plans and procedures;
 - (2) Location and use of fire extinguishers;
 - (3) Location on the first aid and emergency supply kits;
 - (4) Phones for on-site and off-site use;
 - (5) Drills including but not limited to fire, tornado, lock-down, and relocation.
- d. Emergency procedures shall be practiced at least once each quarter so that children are familiar with the types of procedures and are able to be engaged, and not overwhelmed by the fear of an event. The recommended schedule is to rotate only one type of drill each month so that all drills are practiced each quarter 4 times per year.

Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers. According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (see page 44 for CCDF requirements on specific training topics).

Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;

- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration ;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (**see page 44 for CCDF requirements on specific training topics**).

Both preservice and ongoing trainings require one hour of emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;

Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Not Applicable](#)
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 - Pre-Service
 - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
[The Lead Agency sends update to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. [All facilities must be free of apparent hazardous conditions. All flammable, poisonous, and other hazardous substances and materials must be kept under lock and key or combination lock. When diapering infants, a surface should be used that can be disinfected. Soiled diapers must be stored in a covered, plasticlined container. Staff must wear gloves while changing diapers and wash their hands after diapering. Children's hands must be washed after toileting or diapering. If potty chairs are used, they must be emptied, rinsed, and disinfected. Infants sheets should be changed daily and immediately when soiled. When cleaning up spills such as blood, feces, urine, vomit, areas should be cleaned immediately, staff should wear gloves, surfaces must be disinfected, and any contaminated materials must be discarded safely. In addition, if bio contaminants are stored within the facility, they should be in a locked area inaccessible to the children and placed in a covered, plastic-lined container or removed from the premises. Contaminated clothing may be sent home in a labeled, sealed plastic bag or the center may wash it separately from noncontaminated items.](#)
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[Not Applicable](#)

2. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. According to the Minimum Standards for Centers page 18, the Health and Safety Guidelines for Facilities page 11, the Health and Safety Guidelines for Out of School Time page 10, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 15, the following citations may be found:

The center shall be free from apparent hazardous conditions. All flammable, poisonous and other hazardous substances and materials (including but not limited to anything that states "Keep out of reach of children") shall be kept under lock and key or combination lock. All containers shall be labeled with the name of the substance or material it contains.

According to the Minimum Standards for Centers page 26, the Health and Safety Guidelines for Facilities page 17, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 36, the following citations may be found:

- Diapering/toileting
- (1) Sufficient clean, dry diapers and clothing shall be provided for each infant/toddler.
 - (2) Wet or soiled diapers and other clothing shall be changed promptly.
 - (3) Diapers and other soiled or wet clothing shall be changed in each child's crib or on a changing area that is cleaned and disinfected after each use.
 - (4) No infant/toddler shall be left unattended while being diapered.
 - (5) No infant/toddler shall be diapered on the floor.
 - (6) Each child's hands shall be washed after diapering.
 - (7) Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
 - (8) Each staff person shall wash his/her hands with soap and warm running water before and immediately after diapering **each child** and after contact with bodily fluids, including wet or soiled diapers, runny noses, spit, vomit, etc. Individual disposable paper towels shall be used for hand drying.
 - (9) Each staff person shall use single-use disposable gloves for diapering **each child**. Clean gloves shall be used for each diaper change. Used gloves shall be disposed of in a covered, plastic-lined container, inaccessible to children, and shall be disposed of daily. Each staff person shall wash his/her hands with soap and warm running water after diapering **each child**. Individual disposable paper towels shall be used for hand drying.
 - (10) Wet or soiled diapers shall be placed in a covered, plastic-lined, container, inaccessible to children, and shall be disposed of daily.
 - (11) Individual, disposable wipes shall be used at each diaper change. Soiled wipes shall be placed in a covered, plastic-lined container, kept out of the reach of children, and disposed of properly.
 - (12) Potty chairs, if used, shall be emptied and rinsed and disinfected after each use.
 - (13) Diapering areas shall be separate from food service and food preparation areas.

According to the Minimum Standards for Centers page 27, the Health and Safety Guidelines for Facilities page 18, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 19, the following citations may be found:

Cribs and cots used by infants/toddlers shall be cleaned and disinfected and the sheets and coverings washed before being used by another child. For infants, clean bottom sheets shall be provided daily, or more frequently as needed when wet or soiled. Crib sheets shall fit the mattress snugly.

According to the Minimum Standards for Centers page 19, the Health and Safety Guidelines for Facilities page 11, the Health and Safety Guidelines for Out of School Time page 11, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 17, the following citations may be found:

Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit shall be cleaned up immediately. Staff shall wear gloves. Staff shall be careful not to get any of the fluid in their eyes, nose, mouth, or any open sores. Staff shall clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled. Contaminated materials shall be discarded in a plastic bag that has been securely sealed. Mops used to clean up body fluids should be: cleaned; rinsed with a disinfecting solution; wrung as dry as possible; and hung to dry completely. Be sure to wash your hands after cleaning up any spills.

According to the Minimum Standards for Centers page 18, the Health and Safety Guidelines for Facilities page 11, the Health and Safety Guidelines for Out of School Time page 11, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 16, the following citations may be found:

- Bio contaminants shall be:
- a. Stored in locked areas;
 - b. removed from the premises
 - c. inaccessible to children
 - d. shall be disposed of in a covered, plastic lined receptacle.

According to The Minimum Standards for Centers page 18 the following citations may be found:

Contaminated Clothing

Contaminated clothing items may be sent home in a sealed, plastic bag that is labelled with the child's name and stored in an area that is **not** accessible to children. If the center chooses to wash the contaminated items, the items must be washed separately from non-contaminated items.

Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers. According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations

may be found: Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (see page 44 for CCDF requirements on specific training topics). Pending completion of all preservice training, staff cannot be counted in the child/staff ratio. According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration ;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (**see page 44 for CCDF requirements on specific training topics**).

Both preservice and ongoing trainings require one hour of handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **Not Applicable**
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

[The Lead Agency sends update to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. [This section covers transportation provided by the facility by addressing requirements such as the checklist for the loading/unloading of children, supervision of children in vehicles \(including the counting of drivers and ratios in the vehicle\), safety precaution in vehicles \(including the locking of doors, airbag requirements, and the use of car restraint systems and seatbelts\), and the requirement of a vehicle safety check on all facility vehicles. In addition, the section covers transportation provided by the parent or other designated persons by addressing the escorting of children into the facility, signing children in/out of the facility by parent or center staff, the releasing requirement for children, and when photo identification is needed for the releasing of children.](#)
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. [The only variation is that family day care homes and group homes are not required to have a vehicle safety inspection for the home providers' vehicle.](#)
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [According to the Minimum Standards for Centers page 38, the Health and Safety Guidelines for Facilities page 27, the Health and Safety Guidelines for Out of School Time page 19, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 22, the following citations may be found:](#)

IF THE CENTER PROVIDES TRANSPORTATION OR ANY ACTIVITIES AWAY FROM THE CENTER, A WRITTEN STATEMENT, SIGNED BY EACH CHILD'S PARENT(S)/GUARDIAN(S), SHALL BE ON FILE IN THE

CENTER PRIOR TO THE CHILD'S PARTICIPATION IN SUCH ACTIVITIES. THE STATEMENT SHALL INDICATE THAT THE PARENT(S)/GUARDIAN(S) HAS/HAVE BEEN INFORMED THAT THE DEPARTMENT OF HUMAN RESOURCES DOES NOT INSPECT ACTIVITIES PROVIDED AWAY FROM THE CENTER AND THAT THE LICENSEE ASSUMES FULL RESPONSIBILITY FOR SUCH ACTIVITIES. (See required Child's Preadmission Record, Appendix G., page 87)

The center shall be responsible for each child who is using transportation contracted for, arranged by, or provided by the center. For purposes of these regulations, transportation includes the use of vehicles as well as walking to and from away-from-the-center activities.

Transportation checklists

- (1) Checklists, on the required form, shall be used to account for the loading and unloading of each child from the vehicle at every location. Checklists shall also be used to account for each child during activities that include walking to and from the center. (See Appendix N., page 95, for required forms.)
- (2) The center shall designate the staff person responsible for completing the checklist. The designated staff person shall sign (initials are not acceptable) the checklist when it has been completed.
- (3) The driver of the vehicle shall sign (initials are not acceptable) the completed checklist at each location, indicating he or she has checked each seat in the vehicle at each location to verify that no child is left on the vehicle.
- (4) Completed checklists shall be kept on file in the center for the current year plus at least two (2) additional years. (See Section H., 5., page 55, for requirements regarding records to be kept in the center.)

When the center provides transportation to and from the home or another designated location, the center shall be responsible for picking the child up at the designated location and delivering the child to the care of the designated person.

Supervision of children in center vehicles.

- (1) In addition to the driver, staff shall be provided to meet required staff-child ratios for children younger than lawful school age. (See definition, page 9) (See Section D., 1., a., on page 24, for required ratios.) **NOTE:** The driver of the vehicle shall *not* be counted in the required staff-child ratio when children younger than lawful school age are transported.
- (2) For children of lawful school age and older, fewer than fifteen (15) children may be transported with only the driver of the vehicle, provided the driver meets child care worker qualifications.
- (3) If fifteen (15) or more children of lawful school age are transported, at least one (1) staff person in addition to the driver shall be required.
- (4) If thirty (30) or more children of lawful school age are transported, at least two (2) staff persons in addition to the driver shall be required.
- (5) No child shall be left in a vehicle without adult supervision at any time.

- (6) A staff person shall accompany each child younger than 2½ years of age from the vehicle to the care of the designated person.
- (7) A staff person shall visually supervise each child 2½ years of age and older from the vehicle to the care of a designated person.
- (8) The driver shall check each seat of the vehicle at each location to verify that no child is left on the vehicle.

Safety precautions in all vehicles used and operated by the center in transporting children.

- (1) Stationary seating space for each child shall be provided, and no child shall sit on the floor. Children shall remain seated while the vehicle is in motion.
- (2) Doors shall be locked at all times when the vehicle is moving.
- (3) Children shall not be transported in the front seat of any vehicle with a passenger side air bag.
- (4) The driver of the vehicle and all passengers shall be secured in a passenger restraint system at all times when the vehicle is moving.
- (5) Each child shall be properly secured using an aftermarket or integrated child passenger restraint system meeting applicable state and federal motor vehicle safety standards. Each child passenger restraint system shall be appropriate for the age and size of the child.
 - (a) Each child younger than one (1) year of age or weighing less than twenty (20) pounds shall be secured in an infant only or a convertible seat used in a rear facing position which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
 - (b) Each child younger than five (5) years of age or weighing less than 40 pounds shall be properly secured in a convertible seat in the forward facing position or in a forward facing seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
 - (c) Each child younger than six (6) years of age shall be properly secured in a booster seat which is properly anchored to the vehicle, installed and used according to the manufacturer's instructions and maintained in good condition.
 - (d) Each child six (6) years of age and older, the driver, and each adult passenger shall be secured in an individual seat belt, which is properly anchored to the vehicle.

Vehicle safety check

- (1) A safety check, on the required form, (See Appendix O, page 98, for required form.) shall be done annually and signed and dated by a certified mechanic, on all vehicles regularly used by the center to transport children.
- (2) A copy of the safety check, on the required form, shall be on file in the center. The safety check shall show that the following items are operating in a safe condition: brakes; tires; lights (head, signal, brake, tail); windshield wipers; steering; and exhaust system; ventilation

and heating system; and passenger restraint systems. (See Appendix O, page 98, for required form.)

Transportation Provided by Parent(s)/Guardian(s) or Other Designated Person(s)

- a. Each child being transported by parent(s)/guardian(s) or other designated person(s) shall be accompanied into and out of the center by the parent, guardian, or other person.
- b. The center shall require the parent(s)/guardian(s) or other person(s) designated by the parent(s)/guardian(s) to sign (signature required, initials not acceptable) each child in at each arrival to the center, indicating the time of arrival. (See Appendix J., page **Error! Bookmark not defined.**, for sample form.)
- c. The center shall require the parent(s)/guardian(s) or other person(s) designated by the parent(s)/guardian(s) to sign (signature required, initials not acceptable) each child out at each departure from the center, indicating the time of departure. (See Appendix J., page 90, for sample form.)
- d. If any child walks to the center from school or another designated location, or is transported to/from the center by school bus, center staff shall sign (signature required, initials not acceptable) each child in upon arrival, indicating time of arrival.
- e. The center shall require written authorization from a child's parent(s)/guardian(s) to release a child to any person other than the parent(s)/guardian(s) or persons designated on the child's preadmission form. (See required Child's Preadmission Record, Appendix G., page **Error! Bookmark not defined.**)
- f. The center shall require unfamiliar authorized persons to show photographic identification when releasing a child.

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt providers. According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (see page 44 for CCDF requirements on specific training topics).

Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and C
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;

- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration ;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (**see page 44 for CCDF requirements on specific training topics**).

Both preservice and ongoing trainings require one hour of precautions in transporting Children (if applicable).

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;

Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Not Applicable](#)
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 - Pre-Service
 - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
[The Lead Agency sends update to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

- a. Standard(s)
 - i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. [A current first aid certificate and a current infant/child \(pediatric\) and cardiopulmonary resuscitation certificate is required for all licensed centers and all family childcare homes. Church exempt programs are required to have current first aid and current cardiopulmonary resuscitation training. Centers must always have at least one person with first aid and CPR available. In Homes, all caregivers must have first aid and CPR.](#)
 - ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. [There are no variations in licensing status or the age of the children in care. There is a variation in the category of care. Centers must always have at least one person with first aid and CPR available. In Homes, all caregivers must have first aid and CPR.](#)
 - iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [According to the Minimum Standards for Centers page 34, the Health and Safety Guidelines for Facilities page 31,](#)

the Health and Safety Guidelines for Out of School Time page 16, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 29, the following citations may be found:

Infant-child Cardiopulmonary Resuscitation (CPR) and First Aid.

At least one staff person with a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate shall be in the center during hours of operation. A copy of the Certificates or Certifications shall be on file in the center.

According to Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 31, the following citations may be found:

Licensee, Assistant Caregivers, and Substitutes must have the following:
documentation of a current Infant-Child (Pediatric) Cardiopulmonary Resuscitation Certification (CPR) and a current First Aid Certificate;

b. Pre-Service and Ongoing Training

- i. **Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.** According to the Health and Safety Guidelines for Facilities pages 30, and the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour of training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (see page 44 for CCDF requirements on specific training topics).

Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;

- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration ;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (see page 44 for CCDF requirements on specific training topics).

Both preservice and ongoing trainings require one hour of pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

- Prevention and control of infectious diseases (including immunization);
- Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- Medication administration;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials/correct disposal of bio contaminants;
- Recognition and reporting of child abuse and neglect;
- First aid and CPR;
- If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases

(including immunization);
Sudden infant death syndrome (SIDS) prevention
and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to
food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive
head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct
disposal of bio contaminants;
Recognition and reporting of child abuse and
neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? *Not Applicable*
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 - Pre-Service
 - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
[The Lead Agency sends update to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. [This section covers who is required to report known or suspected child abuse or neglect, who the information is reported to, immunity for making such reports, confidentiality of information, and cooperation during the investigation process.](#)
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[Not Applicable](#)
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [According to the Minimum Standards for Centers page 53, the Health and Safety Guidelines for Facilities page 33, the Health and Safety Guidelines for Out of School Time page 23, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 37, the following citations may be found:](#)

[Child Abuse/Neglect reports](#)

- (1) Each staff person is required by law ([Code of Alabama 1975](#)) to report known or suspected child abuse or neglect (see definition, Section A., 5, page 5) to the County Department of Human Resources or the local chief of police, or county sheriff. The report shall be made immediately by telephone or direct oral communication, followed by a written report, containing all known information.
- (2) Any person making a report in good faith is immune from any civil or criminal liability.
- (3) All reports of child abuse and neglect, investigative reports by the Department of Human Resources and certain other records of child abuse and neglect are considered confidential under penalty of law.
- (4) The licensee and all staff persons, employees, and volunteers shall cooperate with Department personnel on any child abuse or neglect investigation, including providing information to the Department's representatives and allowing access to children and records.

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers. [According to the Health and Safety Guidelines for Facilities pages 30. and the Health and Safety Guidelines for Out of School Time page 21. the following citations may be found:](#)

[Within ninety \(90\) days after employment, child care workers/ teachers shall have one \(1\) hour of training in each of the eleven \(11\) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings,](#)

videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (see page 44 for CCDF requirements on specific training topics).

Pending completion of all preservice training, staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Prior to receiving any childcare subsidy funds, the applicant/licensee shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, substitutes shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

- (a) Prevention and control of infectious diseases (including immunization);
- (b) Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
- (c) Medication administration;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) Building and physical premises safety;
- (f) Prevention of shaken baby syndrome and abusive head trauma;
- (g) Emergency preparedness and response planning;
- (h) Handling and storage of hazardous materials/correct disposal of bio contaminants;
- (i) Recognition and reporting of child abuse and neglect;
- (j) First aid and CPR;
- (k) If applicable, appropriate precautions in transporting children.

Within 90 days of employment, the Assistant Caregiver shall have at least one (1) hour of preservice training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration ;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Pending completion of all required preservice training, applicants/licensees, substitutes, and assistant caregivers cannot be counted in the staff/child ratio.

According to the Health and Safety Guidelines for Facilities pages 31, and the Health and Safety Guidelines for Out of School Time page 22, the following citations may be found:

Written verification of eleven (11) hours of preservice/ongoing training (**see page 44 for CCDF requirements on specific training topics**).

Both preservice and ongoing trainings require one hour of recognition and reporting of child abuse and neglect.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 30, 32, and 48, the following citations may be found:

Thereafter, the licensee shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the substitute shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

Thereafter, the Assistant Caregiver shall have at least one (1) hour of annual training in each of the following eleven (11) required topic areas:

Prevention and control of infectious diseases (including immunization);
Sudden infant death syndrome (SIDS) prevention and use of safe sleeping practices;
Medication administration;
Prevention of and response to emergencies due to food and allergic reactions;
Building and physical premises safety;
Prevention of shaken baby syndrome and abusive head trauma;
Emergency preparedness and response planning;
Handling and storage of hazardous materials/correct disposal of bio contaminants;
Recognition and reporting of child abuse and neglect;
First aid and CPR;
If applicable, appropriate precautions in transporting children.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **Not Applicable**
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

[The Lead Agency sends update to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

Click or tap here to enter text.

[According to the Minimum Standards for Centers pages 41-42, the following citations may be found:](#)

[Directors-](#)

[One hundred twenty \(120\) clock hours of training in child care; a high school diploma or general education diploma \(G.E.D.\); and at least twelve \(12\) months of working experience as a child care worker/teacher or as a director/program director in a licensed day care center or a Department approved setting. Training in child care shall include at least twenty \(20\) clock hours in each of these areas:](#)

[\(a\) child development;](#)

[Childcare worker-](#)

[Child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 19 years of age and shall have a high school diploma or general education diploma \(G.E.D.\). Within thirty \(30\) days after employment, child care workers/teachers shall have at least twelve \(12\) clock hours of training in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file. Training in child care shall include at least one \(1\) hour in each of these areas:](#)

[\(1\) child development](#)

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 29 and 47, the following citations may be found:

Prior to initial licensing, the applicant/licensee shall have at least twenty-four (24) clock hours of training in child care and development through participation in workshops, meetings, recorded/printed materials or one to one consultation. Written documentation shall be submitted to the Department. Child care training shall include at least four (4) hours in each of these areas:

child development;

The assistant caregiver shall have at least twelve (12) clock hours of training in child care within the first 30 days of employment. Child care training shall include clock hours in each of these areas:

child development;

According to the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Within ninety (90) days after employment, child care workers/ teachers shall have one (1) hour preservice/ongoing training in each of the eleven (11) required topic area according to CCDF Health & Safety Requirements in child care and development through participation in workshops, meetings, videotapes, or one-to-one consultation, unless written documentation of prior equivalent training is on file (**see page 32 for CCDF requirements on specific training topics**). Pending completion of all preservice training, staff cannot be counted in the child/staff ratio. One additional hour is required in Child Development.

According to the Minimum Standards for Centers pages 45, the following citations may be found:

All staff shall be involved in ongoing training related to his/her specific responsibilities. Training in child care shall include each of these areas:

child development;

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 30 and 47, the following citations may be found:

Thereafter, the licensee shall have at least twenty (20) clock hours of training related to child care each year. Documentation of training shall be on file in the home. Child care training shall include hours in each of these areas:

child development;

The assistant caregiver shall have at least twelve (12) clock hours of child care training each year thereafter. Child care training shall include clock hours in each of these areas:

child development;

According to the Health and Safety Guidelines for Out of School Time page 21, the following citations may be found:

Written verification of eleven (11) hours annual training (**see page 32 for CCDF requirements on specific**

training topics). One additional hour is required in Child Development.

- ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Not Applicable](#)
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 - Pre-Service
 - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
- v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above. [The Lead Agency sends updates to providers when there have been changes to the state's regulatory standards. Training is offered to providers from the Lead Agency' Training and Development Unit upon request of the provider or the child care consultant assigned to the provider.](#)

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

- a. Licensed child care centers: [11 hours](#)
- b. License-exempt child care centers: [11 hours](#)
- c. Licensed family child care homes: [11 hours](#)
- d. License-exempt family child care homes: [N/A](#)
- e. Regulated or registered In-home child care: [N/A](#)
- f. Non-regulated or registered in-home child care: [N/A](#)

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition: **The standards cover how many meals and snacks that should be served daily, meal and snacks components, and serving size components. Also, infant formula and foods is addressed on how it should be planned, prepared, and served.**

According to the Minimum Standards for Centers page 28 and 30, the Health and Safety Guidelines for Facilities page 21, and the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Nighttime Homes page 38-39, the following citations may be found:

If formula and foods for infants are provided by the center, this shall be planned with the infant's parent(s)/guardian(s) or by the child's physician with the parent(s)/guardian(s) knowledge and consent.

If the center provides formula for infants, commercially prepared, ready-to-feed formula shall be provided. All formula, bottles, nipples, and other equipment used in bottle preparation shall be prepared, handled, and stored in a sanitary and sterile manner.

Meals and snacks provided by the center for infants/toddlers shall comply with U.S.D.A food requirements.

If formula, powdered or concentrated, is provided and prepared by the parent(s)/guardian(s), it shall be labeled with the child's name and stored in the refrigerator. All bottles shall be sent home, or the contents discarded at the end of the day.

If food for infants/toddlers is provided by the parent(s)/guardian(s), all jars/containers shall be labeled with the child's name. No previously opened jars of baby/toddler food shall be accepted by the center. All opened jars/containers shall be sent home or discarded at the end of the day.

Children in attendance shall be served breakfast or a morning snack, a nutritious midday meal, and at least one afternoon snack.

Meal and snack components and serving sizes shall comply with U.S.D.A. guidelines.

Breakfast, if served, shall include at least the following:

- fruit and/or vegetable;
- whole grain rich or enriched bread or bread product;
- and fluid milk.

Snacks shall include at least two of the following four choices:

- fluid milk;
- meat or meat alternate;
- fruit and/or vegetable;
- whole grain rich or enriched bread or bread product.

Meals shall include at least the following:

- meat or meat alternate;

vegetables/fruits (*one vegetable and one fruit*);
whole grain rich or enriched bread or bread product;
and fluid milk.

- b. Access to physical activity: Click or tap here to enter text.
- c. Caring for children with special needs: [Click or tap here to enter text.](#)
- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe: [Learning and Growth Activities for Infants/Toddlers](#) includes things such as the use of the variety of toys, time outdoors daily, daily opportunities for freedom of movement outside of cribs, and staff talking to and encouraging response from infants/toddlers. In addition, [Learning and Growth Activities for Preschool/School-Agers](#) includes things such as the posting of a daily schedule, a variety of indoor/outdoor experiences, encouraging conversations among children, giving individual attention to children daily, and encouraging the use of television and video- tapes only when they supplement and enhance the daily lesson plan.

According to the Minimum Standards for Centers pages 26 and 29-30, and the Health and Safety Guidelines for Facilities page 16 and 20, following citations may be found:

Infant/Toddler Daily Program

Infants/toddlers shall be encouraged to play with and handle a variety of toys.

Infants/toddlers shall spend time outdoors daily, when weather permits.

Infants/toddlers shall have daily indoor opportunities for freedom of movement, outside their cribs, in an open, uncluttered space.

In accordance with recommendations from the American Academy of Pediatrics, each infant younger than twelve (12) months shall be placed in a prone (front) position part of the time he/she is awake and observed. "Tummy time" helps muscle development and reduces the tendency of back positioning to flatten the back of the infant's head.

The staff shall talk to each infant/toddler often and encourage him/her to respond.

Cries of infants/toddlers or other signs of distress shall be investigated immediately.

Preschool/School-age Children - Daily Program

There shall be a posted schedule of the day for each group of children.

A variety of indoor and outdoor experiences shall be available.

Pre-school and school-age children shall spend time outdoors daily when weather permits.

The staff shall permit/encourage conversation among children, including during meal and snack time.

The staff shall give individual attention to each child daily, such as conversation between staff and child.

Radio, television, and videos shall be used only when they supplement and enhance the daily plan for the children. No child shall be required to watch television or videos. All materials shall be previewed by a staff person to ensure their appropriateness for the age of the children. Sexually explicit, violent, or frightening materials are prohibited.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes pages 19 and 40, the following citations may be found:

The licensee shall provide a variety of toys, games, and other play equipment appropriate to the ages of children specified on the license/permit and to the interests of the children. The licensee shall provide at least two(2) items from each category for each age group for which the home is licensed or permitted, as listed in Section L., page 57, the Equipment List.

Recorded or printed materials shall be viewed by the licensee for appropriateness before being shown to children. All materials with sexually explicit, frightening or violent content shall be kept in an area inaccessible to children

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required **Health and Safety Standards** as described in Section 5.3. All licensed facilities and any facility receiving CCDF funding must be in compliance with the Minimum Standards or Health and Safety requirements. A license will not be issued or renewed without meeting all Minimum Standards or Health and Safety requirements based on the type of facility. Facilities that are not in compliance within 90 days of the initial deficiency will not be allowed to participate in the subsidy program until compliance is met.
- b. To certify, describe the procedures to ensure that CCDF providers comply with the required **Health and Safety Training** as described in Section 5.3. Before any facility receiving CCDF funding is licensed or renewed, the facility must verify that all staff has received training in the 11 required CCDF Health and Safety topics. This training will include 11 hours of preservice training as well 11 hours of ongoing Health and Safety training. All licensed facilities and any facility receiving CCDF funding must be in compliance with the Minimum Standards or Health and Safety requirements. A license will not be issued or renewed without meeting all Minimum Standards or Health and Safety

requirements based on the type of facility. Facilities that are not in compliance within 90 days of the initial deficiency will not be allowed to participate in the subsidy program until compliance is met.

- c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards. All programs receiving child care subsidy must submit a fire inspection with no code violations, health inspection and food permit or approved catering plan, and zoning approval.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

- a. Licensed CCDF center-based child care
 - i. Describe your state/territory’s policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards. Licensed CCDF providers must submit a fire inspection with no code violations, health inspection and food permit or approved catering plan, and zoning approval prior to the pre-licensing visit. An on-site pre-licensing visit is made to the facility for inspection of compliance with all Minimum Standards and Health and Safety requirements, along with monitoring the 11 required CCDF Health and Safety training topics. The facilities must meet all areas of the applicable standards before receiving a license.
 - ii. Describe your state/territory’s policies and practices for annual, unannounced inspections of licensed CCDF child care center providers. All licensed facilities and all facilities that receive CCDF funding are monitored annually. Unannounced visits are made to ensure facilities are in compliance with the Minimum Standards and Health and Safety requirements, along with monitoring the 11 required CCDF Health and Safety training topics.

Any violations that involve hazardous conditions are corrected immediately when possible. In the instance the provider is unable to correct the hazard, the provider must submit a written plan on

when and how the hazards will be addressed and corrected. Other violations are discussed and agreed upon for a completion date with the facility's representative based on the nature of the violation. All corrections are verified for completion by the consultant.

Also, the Lead Agency makes unannounced visits to investigate complaints. Complaints for licensed CCDF providers are received and recorded by the Child Care Consultant Intake worker and are forwarded to the appropriate assigned consultant as well as the consultant's supervisor. The timeframe for responding to complaints are based on the potential for harm to children/severity of threat to children and ranges from an immediate visit to up to 25 days from date of receipt. The complaint is investigated through a monitoring visit for the state's Minimum Standards for licensing and Health and Safety Guidelines violations.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year. Describe: [Click or tap here to enter text.](#)

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. *Not Applicable*

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers. [According to the Childcare Services Division Licensing Policy and Procedure Manual pages 57-58 and 99-100 the following citations may be found:](#)

Annual Inspections

- (A) The annual inspection must be unannounced.
- (B) Compliance with all Minimum Standards must be verified during an annual inspection.
- (C) The annual inspection can be conducted up to 45 days prior to or after the license date.
- (1) Requests to conduct annual inspections before or after 45 days prior to the license date must be approved by the Consultant's supervisor.
- (D) Annual inspections will be entered as a "Annual Visit" in CCMS.

General Guidance for Health and Safety Inspections for Other Exempt Facilities

- (A) An annual health and safety visit must occur within twelve months from the initial inspection.
- (B) Consultants must complete an Out of School Time Health and Safety evaluation for facilities that:
 - (1) Serve children four years of age or older, and
 - (2) Meet one or more of the following criteria:
 - (a) Are operated by a public elementary system, a secondary level school unit, institutions of higher learning, or
 - (b) Operate for four hours or less, or
 - (c) Are operated by a private school for four hours or less, or
 - (d) Provide special activities for school-aged children run by civic, charitable, or governmental organizations.
- (C) Consultants must complete a Health and Safety evaluation for facilities that:
 - (1) Operate for more than four hours per day, and
 - (2) Meet one or more of the following criteria:

- (a) Provide care for transient children where parents are in the immediate vicinity and are readily available, or
 - (b) Are located on the grounds or premises operated by the United States government.
- (D) Deficiencies identified during Health and Safety inspections will be managed in accordance with the *Producing Deficiency Reports* policy.
- (1) If health and safety compliance is achieved within 90 days of transmission of the Deficiency Report, the consultant will send a verification email to the assigned Program Specialist, with copies to:
 - (a) The Consultant’s Supervisor
 - (b) The Subsidy and Licensing Program Managers
 - (c) The Assistant Director
 - (2) If health and safety compliance is not achieved within 90 days of transmission of the initial Deficiency Report, the consultant will visit the facility on the 90th day and verify compliance with the identified deficiencies.
 - (a) If the facility fails to meet compliance on the 90th day, the Consultant must email the assigned Program Specialist with copies to the Consultant’s supervisor, Licensing and Subsidy Program Managers, and Assistant Division Director. The email must include:
 - i. The facility’s name
 - ii. The facility’s address
 - iii. The county in which the facility is located
 - iv. The provider identification number, and
 - v. The monitoring visit date(s).
 - (b) The following documents must be attached to the email referenced in (a):
 - i. The original Health and Safety Evaluation Form.
 - ii. All Health and Safety Deficiency Reports.

According to the Childcare Services Division Policy and Procedure Manual pages 78 the following citations may be found:

- (A) Upon receipt of a Complaint Intake Form, the Consultant Supervisor will evaluate the allegation(s) using the following criteria, acting as if the allegation is true¹:
- (1) Severity – How much will the child or children be harmed or at risk of harm?
 - (2) Scope – How many children will be harmed?
 - (3) Speed – How long will it take for harm to occur?
 - (4) Status – What is the facility’s current and past level of regulatory compliance?

¹ This does not mean the allegations are accepted as factual without evidence, but rather that the allegations are assumed to be true for purposes of triage only.

(B) A Risk Score will be assigned to the complaint based on the following rubric:

Score Range						
	1	2	3	4	5	Score
Severity	No harm	Minor harm	Moderate harm	Severe harm	Death	
Scope	No children will likely be harmed	One child will likely be harmed	Multiple children will likely be harmed	Most children will likely be harmed	All children will likely be harmed	
Speed	Harm will not occur	Harm unlikely but may occur at some point	Harm will likely occur within one week	Harm will likely occur within 48 hours	Harm will likely occur immediately	
Status	Highly compliant, no enforcement history	Compliant, no enforcement history	Compliant, enforcement history	Marginally compliant, enforcement pending	Poor compliance, active enforcement	
					Risk Score	

(C) The Risk Score serve as a guide for determining the timeframe in which the complaint investigation must be initiated as follows:

Score Range	Timeframe to Initiate Inspection Following Receipt of Complaint
18 – 20	Upon receipt
15 - 17	Within 24 hours
12 – 14	Within 7 calendar days

9 – 11	Within 8-15 calendar days
8 or less	16-25 calendar days

- (1) The Risk Score is not binding; a Consultant’s Supervisor may establish when a complaint investigation will be initiated regardless of Risk Score.
- (2) If the complaint is related to fraudulent TAS Card use, the complaint must be initiated in 5 business days or less.
- (A) The Consultant Supervisor will transmit the Complaint Intake Form, the Risk Score, the date the complaint investigation is to be initiated, and the date the complaint investigation is to be completed, following completion of steps (A)-(C) above.
 - (1) Complaint investigations are expected to be completed within 30 days of assignment unless otherwise specified by the Consultant Supervisor based on operational needs and/or the circumstances unique to a given situation.
 - (a) Consultants must receive supervisory approval to exceed the 30-day completion requirement. Approval will be granted when there is reasonable cause to do so as determined by the supervisor.

According to the Minimum Standards for Centers page 14 following citations may be found:

Visits to the center are made by representatives of the Department to determine if minimum standards are met, to investigate a complaint and to offer consultation.

The licensee shall be informed of complaints of alleged licensing violations made to the Department against the center/licensee.

The licensee/center staff shall not be informed of the identity of the complainant by the Department.

b. Licensed CCDF family child care home

- i. Describe your state/territory’s policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards. Licensed CCDF providers must submit a fire inspection with no code violations and zoning approval. An on-site pre-licensing visit is made where the facility is inspected for all Minimum Standards for licensing and Health and Safety requirements, along with monitoring the 11 required CCDF Health and Safety training topics. The facility must meet all areas of the applicable standards before receiving a license,
- ii. Describe your state/territory’s policies and practices for annual, unannounced inspections of licensed CCDF family child care providers. . All licensed facilities and all facilities that receive CCDF funding are monitored annually. Unannounced visits are made to ensure facilities are in compliance with the Minimum Standards and Health and Safety Guidelines requirements, along with monitoring the 11 required CCDF Health and Safety training topics. Any violations that involve hazardous conditions are corrected immediately when possible. In the instance the provider is

unable to correct the hazard, the provider must submit a written plan on when and how the hazards will be addressed and corrected. Other violations are discussed and agreed upon for a completion date with the facility's representative based on the nature of the violation. All corrections are verified for completion by the consultant. Also, the lead agency makes unannounced visits to investigate complaints. Complaints for licensed CCDF providers are received and recorded by the Child Care Consultant Intake worker are forwarded to the appropriate assigned consultant as well as the consultant's supervisor. The timeframe for responding to complaints are based on the potential for harm to children/severity of threat to children and ranges from an immediate visit to up to 25 days from date of receipt. The complaint is investigated through a monitoring visit for the State's Minimum Standards for licensing, Health and Safety violations.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year. Describe: [Click or tap here to enter text.](#)

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. [Not Applicable](#)

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers. [According to the Childcare Services Division Policy and Procedure Manual pages 57-58 and 99-100 the following citations may be found:](#)

Annual Inspections

- (E) The annual inspection must be unannounced.
- (F) Compliance with all Minimum Standards must be verified during an annual inspection.
- (G) The annual inspection can be conducted up to 45 days prior to or after the license date.
- (2) Requests to conduct annual inspections before or after 45 days prior to the license date must be approved by the Consultant's supervisor.
- (H) Annual inspections will be entered as a "Annual Visit" in CCMS.

General Guidance for Health and Safety Inspections for Other Exempt Facilities

- (E) An annual health and safety visit must occur within twelve months from the initial inspection.
- (F) Consultants must complete an Out of School Time Health and Safety evaluation for facilities that:
 - (3) Serve children four years of age or older, and
 - (4) Meet one or more of the following criteria:
 - (e) Are operated by a public elementary system, a secondary level school unit, institutions of higher learning, or
 - (f) Operate for four hours or less, or
 - (g) Are operated by a private school for four hours or less, or
 - (h) Provide special activities for school-aged children run by civic, charitable, or governmental organizations.
- (G) Consultants must complete a Health and Safety evaluation for facilities that:
 - (3) Operate for more than four hours per day, and
 - (4) Meet one or more of the following criteria:

- (c) Provide care for transient children where parents are in the immediate vicinity and are readily available, or
 - (d) Are located on the grounds or premises operated by the United States government.
- (H) Deficiencies identified during Health and Safety inspections will be managed in accordance with the *Producing Deficiency Reports* policy.
- (3) If health and safety compliance is achieved within 90 days of transmission of the Deficiency Report, the consultant will send a verification email to the assigned Program Specialist, with copies to:
 - (d) The Consultant's Supervisor
 - (e) The Subsidy and Licensing Program Managers
 - (f) The Assistant Director
 - (4) If health and safety compliance is not achieved within 90 days of transmission of the initial Deficiency Report, the consultant will visit the facility on the 90th day and verify compliance with the identified deficiencies.
 - (c) If the facility fails to meet compliance on the 90th day, the Consultant must email the assigned Program Specialist with copies to the Consultant's supervisor, Licensing and Subsidy Program Managers, and Assistant Division Director. The email must include:
 - vi. The facility's name
 - vii. The facility's address
 - viii. The county in which the facility is located
 - ix. The provider identification number, and
 - x. The monitoring visit date(s).
 - (d) The following documents must be attached to the email referenced in (a):
 - iii. The original Health and Safety Evaluation Form.
 - iv. All Health and Safety Deficiency Reports.

According to the Childcare Services Division Policy and Procedure Manual pages 78 the following citations may be found:

- (D) Upon receipt of a Complaint Intake Form, the Consultant Supervisor will evaluate the allegation(s) using the following criteria, acting as if the allegation is true²:
- (5) Severity – How much will the child or children be harmed or at risk of harm?
 - (6) Scope – How many children will be harmed?
 - (7) Speed – How long will it take for harm to occur?
 - (8) Status – What is the facility's current and past level of regulatory compliance?
- (E) A Risk Score will be assigned to the complaint based on the following rubric:

² This does not mean the allegations are accepted as factual without evidence, but rather that the allegations are assumed to be true for purposes of triage only.

Score Range						
	1	2	3	4	5	Score
Severity	No harm	Minor harm	Moderate harm	Severe harm	Death	
Scope	No children will likely be harmed	One child will likely be harmed	Multiple children will likely be harmed	Most children will likely be harmed	All children will likely be harmed	
Speed	Harm will not occur	Harm unlikely but may occur at some point	Harm will likely occur within one week	Harm will likely occur within 48 hours	Harm will likely occur immediately	
Status	Highly compliant, no enforcement history	Compliant, no enforcement history	Compliant, enforcement history	Marginally compliant, enforcement pending	Poor compliance, active enforcement	
						Risk Score

(F) The Risk Score serve as a guide for determining the timeframe in which the complaint investigation must be initiated as follows:

Score Range	Timeframe to Initiate Inspection Following Receipt of Complaint
18 – 20	Upon receipt
15 - 17	Within 24 hours
12 – 14	Within 7 calendar days
9 – 11	Within 8-15 calendar days
8 or less	16-25 calendar days

- (3) The Risk Score is not binding; a Consultant Supervisor may establish when a complaint investigation will be initiated regardless of Risk Score.
- (4) If the complaint is related to fraudulent TAS Card use, the complaint must be initiated in 5 business days or less.
- (B) The Consultant’s Supervisor will transmit the Complaint Intake Form, the Risk Score, the date the complaint investigation is to be initiated, and the date the complaint investigation is to be completed following completion of steps (A)-(C) above.

- (2) Complaint investigations are expected to be completed within 30 days of assignment unless otherwise specified by the Consultant Supervisor based on operational needs and/or the circumstances unique to a given situation.
 - (b) Consultants must receive supervisory approval to exceed the 30-day completion requirement. Approval will be granted when there is reasonable cause to do so as determined by the supervisor.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 14, the following citations may be found:

Visits to the home are made by representatives of the Department to determine if minimum standards are met, to investigate a complaint and to offer consultation.

The licensee shall be informed of complaints of alleged licensing violations made to the Department against the center/licensee.

The licensee/center staff shall not be informed of the identity of the complainant by the Department.

c. Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A – D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

[Click or tap here to enter text.](#)

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

[Click or tap here to enter text.](#)

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year. Describe: [Click or tap here to enter text.](#)

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

[Click or tap here to enter text.](#)

- d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.
[The Alabama Department of Human Resources, Childcare Services Division](#)

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

- a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. [All CCDF licensed-exempt providers are monitored on an annual basis. A Health and Safety Evaluation and Health and Safety Deficiency Report will be completed on these visits. A facility has 90 days to comply with health and safety guidelines. If a facility fails to come into compliance within 90 days a consultant will report this information to the subsidy area for possible termination.](#)
 - i. **Provide the citation(s) for this policy or procedure.** [According to the Health and Safety Guidelines for Facilities page 7 and the Health and Safety Guidelines for Out of School Time pages 7-8, following citations may be found:](#)

[If an inspection, evaluation or investigation indicates non-compliance with these Health and Safety Guidelines \(deficiency\), a deficiency report shall be prepared by the Department. A deficiency report is prepared in conjunction with or subsequent to a visit to the facility, or after investigation of a compliant regarding the facility.](#)

[In any visit to the facility in which deficiencies are observed or noted, the Department's representative shall complete a deficiency report, and discuss the deficiencies observed or noted with the facility representative. A copy of the completed deficiency report shall be provided to the facility representative.](#)

[The facility shall be ineligible to participate in the Child Care Subsidy Program if any violation of any of these Guidelines \(deficiency\) is not corrected within ninety \(90\) days of the discovery of the deficiency. In such instances the facility will remain ineligible to participate until such time that no deficiencies exist as verified by the Department's representative.](#)

[According to the Childcare Services Division Policy and Procedure Manual pages 99-100 the following citations may be found:](#)

IV. General Guidance for Health and Safety Inspections for Other Exempt Facilities

- (l) An annual health and safety visit must occur within twelve months from the initial inspection.

- (J) Consultants must complete an Out of School Time Health and Safety evaluation for facilities that:
- (5) Serve children four years of age or older, and
 - (6) Meet one or more of the following criteria:
 - (i) Are operated by a public elementary system, a secondary level school unit, institutions of higher learning, or
 - (j) Operate for four hours or less, or
 - (k) Are operated by a private school for four hours or less, or
 - (l) Provide special activities for school-aged children run by civic, charitable, or governmental organizations.
- (K) Consultants must complete a Health and Safety evaluation for facilities that:
- (5) Operate for more than four hours per day, and
 - (6) Meet one or more of the following criteria:
 - (e) Provide care for transient children where parents are in the immediate vicinity and are readily available, or
 - (f) Are located on the grounds or premises operated by the United States government.
- (L) Deficiencies identified during Health and Safety inspections will be managed in accordance with the *Producing Deficiency Reports* policy.
- (5) If health and safety compliance is achieved within 90 days of transmission of the Deficiency Report, the consultant will send a verification email to the assigned Program Specialist, with copies to:
 - (g) The Consultant's Supervisor
 - (h) The Subsidy and Licensing Program Managers
 - (i) The Assistant Director
 - (6) If health and safety compliance is not achieved within 90 days of transmission of the initial Deficiency Report, the consultant will visit the facility on the 90th day and verify compliance with the identified deficiencies.
 - (e) If the facility fails to meet compliance on the 90th day, the Consultant must email the assigned Program Specialist with copies to the Consultant's supervisor, Licensing and Subsidy Program Managers, and Assistant Division Director. The email must include:
 - xi. The facility's name
 - xii. The facility's address
 - xiii. The county in which the facility is located
 - xiv. The provider identification number, and
 - xv. The monitoring visit date(s).
 - (f) The following documents must be attached to the email referenced in (a):
 - v. The original Health and Safety Evaluation Form.
 - vi. All Health and Safety Deficiency Reports.

- b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. [Not Applicable](#)
 - i. Provide the citation(s) for this policy or procedure. [N/A](#)

5.4.4 Inspections for license-exempt in-home care (care in the child’s own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child’s home that are appropriate to the setting. A child’s home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.
[N/A](#)
- b. Provide the citation(s) for this policy or procedure. [N/A](#)
- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers: [N/A](#)

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state’s licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers [The minimum requirements for licensing inspectors \(Child Care Consultant\) is a Bachelor’s degree from an accredited college or university in Child Development, Early Childhood Education, Elementary Education, Home Economics with major coursework in Child Development, or a closely related field and two years of professional experience in teaching preschool or elementary children, directing day care activities, or in licensing day care facilities.](#)

- b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)). Consultants are extensively trained on the Minimum Standards that pertains to the facilities they will be inspecting. In addition, they are trained on the Minimum Standards for other facilities as well as the Health and Safety Guidelines for programs participating in the Child Care Subsidy Program. Consultants are trained on the computer system pertaining to licensing, intake procedures, complaint investigations, and deficiency writing. Consultants shadow experienced consultants with various types of monitoring visits and began to complete portions of the evaluations independently. The consultants are monitored by their supervisor for accuracy in completing the evaluation of the facility. The Lead Agency has created the Training and Development Unit within the Child Care Services Division to conduct new hire and refresher training for child care consultants.
 - c. Provide the citation(s) for this policy or procedure.
http://personnel.alabama.gov/Documents/Announcements/100221_A.pdf and the Alabama Department of Human Resources Childcare Services Division Policy and Procedure Manual
- 5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).
- a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. The average caseload assignment for a consultant with child care centers is approximately 61-63 facilities. The average caseload assignment for a consultant with day care homes is approximately 62-63 facilities. When determining the number of facilities assigned to the consultants, consideration is given to the distance of travel from/to the child care facility, the number of facilities in urban and rural areas, and the number of complaints/incidents received by type of facilities.
 - b. Provide the policy citation and state/territory ratio of licensing inspectors.
There is no written policy citation regarding the ratio of licensing inspectors to child care providers. Caseload assignments are based on management's review and approval of territories, the number of consultants, and the consultants' base. Decisions are based on cost effectiveness and success in caseload management.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

- 5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. Criminal registry or repository using fingerprints in the current state of residency	<input checked="" type="checkbox"/> Citation: : According to The DRAFT for the Standards for Centers page 49c (7)c the following citations may be found: The criminal history background check must include the following suitability components. In-State criminal history check with fingerprints.	<input checked="" type="checkbox"/> Citation: According to the DRAFT for the Health and Safety Guidelines for Facilities page 33 Section 2a(d)(iii), the DRAFT for the Health and Safety Guidelines for Out of School Time page 24 Section 2A (1d) iii, the following citations may be found: The criminal history background check must include the Following suitability components: In-State criminal history check with fingerprints
ii. Sex offender registry or repository check in the current state of residency	<input checked="" type="checkbox"/> Citation: According to The DRAFT for the Standards for Centers page 49c (7)d the following citations may be found: The criminal history background check must include the following suitability components. In-State sex offender registry check	<input checked="" type="checkbox"/> Citation: According to the DRAFT for the Health and Safety Guidelines for Facilities page 33 Section 2a(d)(iv), DRAFT for the Health and Safety Guidelines for Out of School Time page 24 Section 2A (1d) iv. the following citations may be found: The criminal history background check must include the Following suitability components: In-State sex offender registry check
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>iii. Child abuse and neglect registry and database check in the current state of residency</p>	<p>Citation: According to The DRAFT for the Standards for Centers page 47b(1-3) the following citations may be found: Clearance of State Central Registry on Child Abuse/Neglect Applicants/Board Members (if applicable) A completed request for clearance of the State Central Registry on Child Abuse/Neglect shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect, DHR-DFC Form 1598), for each applicant for a license or approval to operate a child care center. Results of the request for clearance shall be maintained as part of the Department's records. Center Directors A completed request for clearance of the State Central Registry on Child Abuse/Neglect shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect, DHR-DFC Form 1598), for each director of a center for which an application for a license or approval to operate is submitted. Results of the request for clearance shall be</p>	<p>Citation: According to the DRAFT for the Health and Safety Guidelines for Facilities page 33 Section 2a 2(a), the DRAFT for the Health and Safety Guidelines for Out of School Time page 23 Section 2a 1(a) the following citations may be found: Information regarding character and suitability shall be obtained on all staff, including substitutes and volunteers, and shall include, but need not be limited to: Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect issued within the last five (5) years and updated every five (5) years thereafter.</p>
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	<p>maintained as part of the Department's records. A completed request for clearance of the State Central Registry on Child Abuse/Neglect for each staff person, employee, volunteer, as well as any person who has contact with the children in care or unsupervised access to children, shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect, DHR-DFC Form 1598), by holders of a license, permit or approval to operate or by their authorized designee, such as but not limited to the center director. The results of the request for clearance shall be maintained in the person's file in the center.</p>	
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b. Components of National Background Check

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. FBI Fingerprint Check	<input checked="" type="checkbox"/> Citation: : According to The Draft for the Standards for Centers page 49c (7)a the following citations may be found: The criminal history background check must include the following suitability components. National FBI Criminal history check with fingerprints	<input checked="" type="checkbox"/> Citation: According to the DRAFT for the Health and Safety Guidelines for Facilities page 33 Section 2a(d)(i), the DRAFT for the Health and Safety Guidelines for Out of School Time page 24 Section 2A (1d) i, the following citations may be found: The criminal history background check must include the Following suitability components: National FBI Criminal history check with fingerprints
ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search	<input checked="" type="checkbox"/> Citation: : According to The DRAFT for the Standards for Centers page 49c (7)b the following citations may be found: The criminal history background check must include the following suitability components. National Crime Information Center (NCIC), National Sex Offender Registry	<input checked="" type="checkbox"/> Citation: According to the DRAFT for the Health and Safety Guidelines for Facilities page 33 Section 2a(d)(ii), the DRAFT for the Health and Safety Guidelines for Out of School Time page 24 Section 2A (1d) ii, the following citations may be found: The criminal history background check must include the Following suitability components: National Crime Information Center (NCIC), National Sex Offender Registry

c. Components of Interstate Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
<p>i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.</p> <p>Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Citation: : According to The DRAFT for the Standards for Centers page 49c (7)e the following citations may be found: The criminal history background check must include the following suitability components. Inter-state criminal history check if individual has lived in another state within the past five years</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Citation: According to the DRAFT for the Health and Safety Guidelines for Facilities page 33 Section 2a(d)(v), the DRAFT for the Health and Safety Guidelines for Out of School Time page 24 Section 2A (1d)v the following citations may be found: The criminal history background check must include the Following suitability components: Inter-state criminal history check if individual has lived in another state within the past five (5) years</p>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
<p>ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.</p> <p>Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.</p>	<p>Citation: According to The DRAFT for the Standards for Centers page 49c (7)f the following citations may be found: The criminal history background check must include the following suitability components. Inter-State sex offender registry check if the individual has lived in another state within the past five years</p>	<p>Citation: According to the DRAFT for the Health and Safety Guidelines for Facilities page 33 Section 2a(d)(vi), the DRAFT for the Health and Safety Guidelines for Out of School Time page 24 Section 2A (1d)vi the following citations may be found: The criminal history background check must include the Following suitability components: Inter-State sex offender registry check if the individual has lived in another state within the past five (5) years</p>
	☒	☒

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
<p>iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years</p> <p>Note: This is a name-based search</p>	<p>Citation: According to The DRAFT for the Standards for Centers page 47b(4) the following citations may be found: Clearance of State Central Registry on Child Abuse/Neglect All applicants/board members, center directors and staff must request a supplemental clearance of inter-state child abuse and neglect registry if the individual has lived in another state within the past five (5) years.</p>	<p>Citation: According to the DRAFT for the Health and Safety Guidelines for Facilities page 33 Section 2a 2(b), the DRAFT for the Health and Safety Guidelines for Out of School Time page 23 Section 2a 1(b) the following citations may be found: Information regarding character and suitability shall be obtained on all staff, including substitutes and volunteers, and shall include, but need not be limited to: Child care workers/teachers must request a supplemental clearance of inter-state child abuse and neglect registry if the individual has lived in another state within the past five (5) years.</p>

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description. *All staff members (those whom receive compensation, or volunteers over 18 years of age) of a child care provider that is licensed, regulated or registered with*

the Lead Agency is required to undergo in-state criminal registry check regardless of CCDF participation. All staff members, regardless of position, on the premises of the child care facility must complete an in-state criminal registry check. Family members that live in the child care home who are 18 years of age or older are required to submit to an in-state criminal history registry or repository check with fingerprints even if they are not present in the home when children in care are present. Registered providers are child care providers that have registered to participate in the Child Care Subsidy Program. The Lead Agency has contracted with a vendor to complete the in-state criminal registry checks. Child care staff registers online through the contract vendor's website. A link to the contract vendors¹ website is on the Lead Agency website. The website includes registration information, frequently asked questions, location of live scan fingerprint sites, and other information to help child care staff understand the process. The staff members can visit any fingerprint location in Alabama and submit fingerprint images electronically using a live scan device. The fingerprint images are submitted to the Alabama Law Enforcement Agency (ALEA) which maintains a computerized, automated fingerprint identification system that allows for a search of the in-state criminal history background check database. The results of the check are submitted to the Lead Agency's Criminal History Unit. The Criminal History Unit reviews the results in accordance with state and federal statute of crimes that make an applicant ineligible (unsuitable) to work in a child care setting. The Criminal History unit sends the results, in the form of a letter indicating suitability or unsuitability, to the agency/child care provider requesting the live scan and a copy goes to the child care staff member. Ongoing compliance with in-state criminal registry is monitored at each annual visit and whenever an investigation is warranted due to the receipt of a complaint. Live Scan is an inkless electronic means of capturing fingerprints in a digitized format, transmitting the digitized prints to a criminal registry, and then the prints are checked against known criminal history records. In-State Child Abuse and Neglect Registry Requirements apply to all licensed, regulated and registered providers and their staff. All staff members employed on site at the child care provider or staff members who have access to children must complete an in-state Child Abuse and Neglect registry clearance check. Registered providers are child care providers that have registered to participate in the Child Care Subsidy Program. The child care staff member fills out the Alabama Department of Human Resources Child Abuse / Neglect (CA/N) Central Registry Clearance form and sends it to the Lead Agency's Central Registry Unit. The Central Registry Unit process the information using a name-based search. The results are sent to the child care staff member and the requesting agency/child care provider.

- b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)). The Lead Agency contracts with the background check processing agency who specifies the limit of the fees that can be charged for the background check. The limit set for conducting the background check is \$47.35. No additional fees are charged for completing the background check.
- c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years

(98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

The state requires the provider to submit the background check requests before the staff person begins working; the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check components. A staff member cannot meet staff/child ratio until all the background check components have been received and the person has been deemed suitable. The Lead Agency does not allow prospective staff members to begin work on a provisional basis. All required suitable components must be received before a person can meet staff/child ratio.

According to the Minimum Standards for Centers page 50, the DRAFT for the Health and Safety Guidelines for Facilities page 34, and the DRAFT for the Health and Safety Guidelines for Out of School Time page 24 the following citations may be found:

Pending completion of all required background check components applicant/board members, center directors, and staff cannot be counted in the child/staff ratio.

According to the Minimum Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes page 29, the following citations may be found:

Pending completion of all required background check components, applicants/licenseses, substitutes and assistant caregiver cannot be counted in the staff/child ratio.

- d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years. The Lead Agency has contracted with a vendor to complete the out-of-state criminal registry checks. Child care staff registers online through the contract vendor's website. A link to the contract vendor's website is on the Lead Agency website. The Lead Agency sends a request for the results of the inter-state criminal registry or repository for any individual that has resided in another state in the previous 5 years. All requests for background checks now include this component and all existing staff have had an updated background check that includes this component. For an out of state CA/N clearance, the staff member fills out the Alabama Supplemental Child Abuse/Neglect Central Registry Clearance Request (DHR-FCS-1598-B). The form and instructions for completing it are found on the Department Child Protective Services website under Central Registry Clearance.
- e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service. Standards for centers, homes, and guidelines require that all staff update their criminal history suitability letters and CA/N clearances every 5 years. The process for these updated clearances

is the same as if it was the first time the applicant was being cleared through both criminal history and CA/N processes. A full background check process is completed on all individuals.

- f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check. [The lead agency does not have a procedure in place to ensure employees who are separated from employment for more than 180 consecutive days to receive a full background check.](#)
- g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

Criminal History

www.dhr.alabama.gov

- Select the Criminal History Check link
- Click on the Gemalto website
- Select the appropriate State (Alabama)
- Select Department of Human Resources (follow directions as listed)

CA/N Clearance

www.dhr.alabama.gov

- Select Child Protective Services
- Click on Central Registry Clearance (follow directions as listed)

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
 - How the Lead Agency is informed of the results of each background check component
 - Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
 - How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.
- a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility. [The Lead Agency has contracted with a vendor to complete the in-state criminal registry checks. Child care staff register online through the contract vendor's website. A link to the contract vendors' website is on the Lead Agency website. The website includes registration information, frequently asked questions, location of live scan fingerprint sites, and other information to help child care staff understand the process. The staff members visit any fingerprint location in Alabama and submit fingerprint images electronically using a live scan device. The fingerprint images are submitted to the Alabama Law Enforcement Agency \(ALEA\) which maintains a computerized, automated fingerprint identification system that allows for a search of the in-state criminal history background check database. The results of the check are submitted to the Lead Agency's Criminal History Unit. The Criminal History unit reviews the results in accordance with state and federal statute of crimes that make an applicant ineligible \(unsuitable\) to work in a child care setting. The Criminal History unit sends the results, in the form of a letter indicating suitability or unsuitability, to the agency/child care provider requesting the live scan and a copy goes to the child care staff member. Ongoing compliance with in-state criminal registry is monitored at each annual visit and whenever an investigation is warranted due to the receipt of a complaint. For CA/N Clearance, the requestor will go to \[www.dhr.alabama.gov\]\(http://www.dhr.alabama.gov\), select Child Protective Services, click on Central Registry Clearance, and select form 1598. When the form is completed by the Department it will be mailed to the requesting person or agency.](#)
- b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here. [Not Applicable](#)

- c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years). [The Lead Agency has contracted with a vendor to complete the in-state criminal registry checks. Child care staff register online through the contract vendor's website. A link to the contract vendors' website is on the Lead Agency website. The website includes registration information, frequently asked questions, location of live scan fingerprint sites, and other information to help child care staff understand the process. The staff members visit any fingerprint location in Alabama and submit fingerprint images electronically using a live scan device. The fingerprint images are submitted to the Alabama Law Enforcement Agency \(ALEA\) which maintains a computerized, automated fingerprint identification system that allows for a search of the in-state criminal history background check database. The results of the check are submitted to the Lead Agency's Criminal History Unit. The Criminal History unit reviews the results in accordance with state and federal statute of crimes that make an applicant ineligible \(unsuitable\) to work in a child care setting. The Criminal History unit sends the results, in the form of a letter indicating suitability or unsuitability, to the agency/child care provider requesting the live scan and a copy goes to the child care staff member. Ongoing compliance with in-state criminal registry is monitored at each annual visit and whenever an investigation is warranted due to the receipt of a complaint. This letter includes the background check from another state within the last 5 years. For CA/N Clearance, the requestor will go to \[www.dhr.alabama.gov\]\(http://www.dhr.alabama.gov\), select Child Protective Services, click on Central Registry Clearance, and select form 1598B. When the form is completed by the Department it will be mailed to the requesting person or agency.](#)
 - d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe. [The Lead Agency will not make an eligibility determination if all components have not been met. The employee must have all components met for the provider to avoid a deficiency. The deficiency will remain in place as long as the employee is still found to be in employment without a clearance. The employee is not allowed to be counted in ratios and not allowed to be with children unsupervised.](#)
 - e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works. [Click or tap here to enter text.](#)
- 5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.
- a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

- No
- Yes

- b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state’s criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state’s criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

- No
- Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

- a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). [Left blank intentionally](#)

- b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). [left blank intentionally](#)

- c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). [Left blank intentionally](#)

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?

- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.
<https://dhr.alabama.gov/quick-links/community-provider-links/office-of-criminal-history/>

b. Interstate Sex Offender Registry (SOR) Check: Click or tap here to enter text.

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Direct URL/website link to where this information is posted.
<https://dhr.alabama.gov/quick-links/community-provider-links/office-of-criminal-history/>

c. 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. FAX
- vii. Website

- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State’s definition of “substantiated” instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.
<https://dhr.alabama.gov/child-protective-services/child-protective-services-faq/>

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

- a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?
 - No
 - Yes. If yes, describe other disqualifying crimes and provide the citation:
[Effective March 21, 2018, the ACT #201-278, The Child Car Safety Act was signed into law. The Act’s disqualifying crimes includes a violent offense defined under Code of Alabama 1975 Section 12-25-32 and any sex crime listed in Code of Alabama Section 15-20 A-5.](#)
- b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)). [Applicants are notified via mail by the Lead Agency’s Criminal History Division on their suitability. The information is shared only to the applicant and the employer.](#)
- c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)). [Within 30 days of the date of notification, an individual determined unsuitable for employment](#)

based upon a disqualifying conviction may request in writing a reversal of the determination of unsuitability if the conviction is not for a sex crime or a crime committed against a child, an elderly individual, or an individual with disabilities. The Lead Agency's Criminal History Unit determines through documentation provided by the individual if the reversal is granted. The individual may also request an administrative hearing if the finding is not in their favor and has 60 days to file for an appeal. The administrative hearing is performed by an administrative law judge to determine the final outcome. This method applies to all crimes.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
 - A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
 - If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
 - The appeals process is completed in a timely manner for any appealing child care staff member
 - Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
 - The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.
- a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different

appeal processes than agencies that conduct the state CAN and state SOR checks.

Within 30 days of the date of notification, an individual determined unsuitable for employment based upon a disqualifying conviction may request in writing a reversal of the determination of unsuitability if the conviction is not for a sex crime or a crime committed against a child, an elderly individual, or an individual with disabilities. The Lead Agency's Criminal History Unit determines through documentation provided by the individual if the reversal is granted. The individual may also request an administrative hearing if the finding is not in their favor and has 60 days to file for an appeal. The administrative hearing is performed by an administrative law judge to determine the final outcome. This method applies to all crimes.

- b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks? [Left blank intentionally.](#)
- c. Interstate Child Abuse and Neglect (CAN) Registry Check: [Left blank intentionally](#)

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5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements. Describe. [Click or tap here to enter text.](#)
- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements. Describe. [Click or tap here to enter text.](#)
- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements. Describe. [Click or tap here to enter text.](#)
- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe. [Click or tap here to enter text.](#)
- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.

- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

- c. Relative providers must fully comply with all background check requirements.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic

approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

[The Alabama Early Learning Guidelines \(AELG\) is presented as a guide of building blocks that supports early care and to educate providers in preparing each child for future success. The guidelines are intended to be inclusive of all children. The professional standards are developed within the domains of self-concept/emotional, social, language and literacy, physical and cognitive developments. The competencies are based on eight core knowledge areas, which are distinct categories of study that prepare early childhood professionals to facilitate children's learning and development. Competencies become more advanced as an individual progress through the guidelines. All core knowledge areas are related basic, intermediate, and advanced competencies.](#)

ii. Career pathways. Describe: [The Alabama Pathways Professional Development Lattice provides early care and education professionals with a tool to track their professional development. Each individual can identify her/his current place on the Alabama Pathways Professional Development Lattice, as well as the progressive path to enhanced training and education within the field of early care and education.](#)

i. Advisory structure. Describe: [The Lead Agency convened a Professional Development Plan Steering consisting of representatives from various early care and education stakeholder groups to plan and develop the Alabama Pathways professional development system to address the training and education needs of caregivers and teachers in the field of early childhood and school-age care.](#)

[The Lead Agency's work was completed in 2009. The Department of Early Childhood Education is the agency for the State Advisory Council and was a member of the Professional Development Steering Committee.](#)

- ii. **Articulation.** Describe: [Articulation agreements are within two- and four-year higher education institutions. Most are local agreements but there is articulation between the Alabama College System \(2-year colleges\) and the University of Alabama \(one of the state's largest 4-year universities\) to accept child development course work obtained at an institution in the Alabama Community College System.](#)
 - iii. **Workforce information.** Describe: [The Lead Agency's professional development registry is currently for sole use of providers participating in the state's QRIS. Individuals self-report credentials, degrees, training and work history, however, valid supporting documents are verified prior to addition made to the registry.](#)
 - iv. **Financing.** Describe: [The Lead Agency provides scholarships, stipends, and other financial stipends \(i.e. book vouchers\) to support continued education for child care providers in pursuit of obtain credentials or a higher degree in early childhood education. Individuals may also qualify to receive a financial incentive for successful completion of an educational program.](#)
- b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.
- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: [Continuing Education Units \(CEU\) trainings are available from regional Quality Enhancement Agencies. Credit-bearing professional development is available from Alabama Community College System through the T.E.A.C.H Early Childhood Scholarship Programs and the Leadership in Child Care Scholarship program.](#)
 - ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: [Click or tap here to enter text.](#)
 - iii. Other. Describe: [Click or tap here to enter text.](#)

- 6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

[The Lead Agency convened a Professional Development Plan Steering consisting of representatives from various early care and education stakeholder groups to plan and develop the Alabama Pathways professional development system to address the training and education needs of caregivers and teachers in the field of early childhood and school age care. The Department of Early Childhood Education is the agency for the State Advisory Council through the Children’s Policy Council and was a member of the Professional Development Steering Committee.](#)

- 6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). [The Lead Agency implements two scholarship programs to assist providers attaining credit bearing credentials and post-secondary degrees. The Leadership in Child Care Scholarship program provides financial assistance \(tuition and selected fees\) to qualified child care professionals working in the child care centers/programs and family and group homes to obtain a Child Development Associate \(CDA\) Credential, Short-Term Certificate, Certificate, or Associate in Applied Science /Technology Degree in Child Development/Early Care and Education studies. The T.E.A.C.H \(Teacher, Education and Compensation Helps\) Early Childhood Alabama Scholarship Program was developed to increase the level of education and effectiveness of early learning professionals by making the educational process more affordable, increasing wages, and reducing staff turnover rates. Scholarships are currently offered for the CDA \(Child Development Associate\) Assessment Fee, Associate Degrees in Child Development and Early Care and Education. The T.E.A.C.H. Early Childhood Alabama Scholarship Program awards bonuses for participants who complete T.E.A.C.H. educational goals. The program also pays travel stipends and provides release time for participants to attend classes. The Leadership in Child Care Scholarship program reimburses scholarship recipients the application cost of obtaining the CDA credential. Alabama Quality STARS rated centers receive annual financial incentives based on the applicable STAR rating.](#)

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health of young children intervention models, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Training on the Alabama Early Learning Guidelines (AELG) is required for all providers participating in Alabama Quality STARS. The Quality Enhancement Agencies are required to include training on the AELG as part of their basic training requirements. Training is available online and in-person format. The AELG includes domains on self-concept/emotional development and social development. Quality Enhancement Agencies offer a variety of training options including onsite training, day and evening sessions, training targeting teachers/caregivers of different age groups, inclusive training through the Childcare Enhancement with a Purpose initiative. Training is offered that meets Alabama Minimum Standards training requirements, CDA (Child Development Associate) subject areas, and the Alabama Pathways Professional Development core knowledge areas.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). All providers that receive CCDF have access and opportunities for professional development, technical assistance, and support through regional and targeted quality enhancement agencies. Providers supported through the state's tribal organization (the Poarch Band of Creek Indians) are able to access and participate in all training available to providers receiving Lead Agency funding. All child care providers receive quarterly training calendars from the regional Quality Enhancement Agencies. Training agencies are listed on the CCDF lead agency website along with links to the training agency's website.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

- a. with limited English proficiency. Alabama contracts with community-based regional Quality Enhancement Agencies (QEAs) to maximize the quality services for children and families in Alabama. QEAs services must include recruitment and training of child care providers to serve diverse child care populations.
- b. who have disabilities. The Lead Agency provides interpreter/translation services and sign language services to remove language and other communication barriers for families who may be eligible for programs and services. These services are made available to Child Care Management Agencies who determine eligibility for families and register child care providers for the Subsidy Program.

- 6.2.4 Describe how the state/territory’s training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)). [Training and professional development activities are offered in response to documented needs and are designed to improve the quality of child care provided to children. A variety of methods is encouraged, including resource libraries, provider networks, mentoring programs, and distance education. In collaboration with the Department of Public Health and Quality Enhancement Agencies the The Child Care Enhancement with a Purpose \(CEP\) initiative offers free inclusion training to childcare providers. CCEP utilizes experienced teachers and therapists to share simple, practical ways to work with and include children with special needs in daycare centers or home programs. This program offers a curriculum with a multidisciplinary approach, which utilizes developmentally appropriate practices and resources for assistance. The Alabama Early Learning Guidelines \(AELG\) credential training offers 9 modules of training to child care providers in domains specific to the development of children from birth through age five, including self-concept and emotional development, social development, physical development, language and literacy, and cognitive development. The training uses scientifically based, developmentally and age appropriate strategies, and includes activities that the providers can implement in their programs. The AELG document includes a scientifically, research-based assessment tool.](#)
- 6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).
- a. Describe the state/territory’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2). [The Lead Agency collaborates with Alabama Department of Education Homeless Liaison to bring training to Child Care Management Agency eligibility staff as they work with families who may be experiencing homelessness. Training is presented to Quality Enhancement Agency staff to help them identify training objectives and connections to provide TA to providers who work with families experiencing homelessness.](#)
 - b. Describe the state/territory’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6). [Policy has been created to address identifying and serving families experiencing homelessness. Staff may submit questions for clarification, obtain further information on resources to assist families needing financial assistance and housing, as well as any other needs of the family.](#)

- 6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.
- a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices. All providers, including providers that receive CCDF, have access and opportunities for professional development, technical assistance, and support through regional and targeted Quality Enhancement Agencies (QEAs). All Lead Agency-funded training is free to childcare providers. QEAs offer a variety of training options including onsite training, day and evening sessions. QEAs offer training and supports to encourage providers to operate their programs consistent with effective management skills and business practices. Strategies offered through training and technical assistance (TA) to strengthen providers' business practices include: Director's forums that include training specific to the managerial duties of child care directors and owners, training on using computers and social media, budgeting, program marketing and preparing a marketing plan that includes a clear sense of identity for the program, outreach to parents in provider communities, understand and learn who will be the target families for services; and for new/potential providers considerations for opening a new child care program. Providers also receive training on the Strengthening Business Practices curriculum, a series course that addresses basic concepts in fiscal and operational management of family and center- based child care businesses.

b. Check the topics addressed in the state/territory’s strategies for strengthening child care providers’ 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, including who delivers the training, education, and/or technical assistance
- ix. Other. Describe: [Click or tap here to enter text.](#)

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>License exempt center-based</i>	<i>Licensed family child care home</i>	<i>License-exempt family child care home</i>	<i>In-home care (care in the child’s own home)</i>
i. Promoting the social, emotional, physical, and cognitive development of	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>License exempt center-based</i>	<i>Licensed family child care home</i>	<i>License-exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<p>children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).</p> <p>Describe the content and funding: Content includes the creation of developmentally appropriate curriculum, play and indoor/outdoor activity, interactions with children, and healthy eating habits. Funding is fully supported with CCDF quality set aside.</p>					
<p>ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).</p> <p>Describe the content and funding: Content includes intensive coaching to support classrooms with children that exhibit challenging behavior and methods to engage families to support change behavior in the classroom. Funding is</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>License exempt center-based</i>	<i>Licensed family child care home</i>	<i>License-exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
made available through quality set aside.					
iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children’s positive development. (98.53(a)(1)(iv)). Describe the content and funding: Quality Enhancement Agencies offer trainings in support of engaging families in supporting and involvement in their child’s development while attending the out-of-home setting.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe the content and funding: Trainings include content on creating developmentally appropriate curricula, environments, and activities. Funds supported through quality set aside.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families’	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>License exempt center-based</i>	<i>Licensed family child care home</i>	<i>License-exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<p>access to services that support their children’s learning and development.</p> <p>Describe the content and funding: Services provided through the Strengthening Families/Help Me Grow framework that promotes family engagement. Families can also be offered other service supports to referrals to other agencies that closely fit individual needs of the family. Funding supported with quality set aside.</p>					
<p>vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).</p> <p>Describe the content and funding: Click or tap here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.</p> <p>Describe the content and funding: Quality contractors are required to offer the same training in rural areas included in their territory quarterly. Funding is supported with quality set aside.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>viii. Caring for and supporting the development of children with disabilities and developmental delays</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>License exempt center-based</i>	<i>Licensed family child care home</i>	<i>License-exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<p>98.53 (a)(1)(i)(B).</p> <p>Describe the content and funding: Trainings include inclusion and support families of special need children. Funding supported with quality set aside.</p>					
<p>ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).</p> <p>Describe the content and funding: Professional development tailored to serving school-age children in out-of-school time settings. Emphasis is placed on STEM activities. Funding supported with quality set aside.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>x. Other.</p> <p>Describe: Click or tap here to enter text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

		Licensed center-based	License-exempt center-based	Licensed family child care home	License exempt family child care home	In-home care (care in the child's own home)
<input checked="" type="checkbox"/>	i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iv. Other. Describe: <i>Click or tap here to enter text.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [The Lead Agency contracts training and professional development to community-based organizations referred to as Quality Enhancement Agencies \(QEAs\). The Lead Agency requires the agencies to submit quarterly reports of the training and TA provided to child care providers. The QEAs complete pre- and post-testing of each training to measure progress. The QEAs may also award continuing education units to those that successfully complete courses. The Lead Agency uses this information to measure progress attained by the providers.](#)

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

- a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:
 - i. Are research-based. [The Alabama Early Learning Guidelines were based on the latest research regarding child growth and development to reflect sound early childhood theory and practices. The guidelines were created with the assistance of various stakeholders, including child development practitioners from colleges and universities throughout the state, who lend their expertise to the appropriateness in its development.](#)
 - ii. Developmentally appropriate. [The Alabama Early Learning Guidelines address all developmental domains. They include age appropriate objectives and activities for caregivers and teachers to help children reach those goals.](#)
 - iii. Culturally and linguistically appropriate. [Including in the Language and Literacy Domain, programs are encouraged to provide opportunities for children to talk and share using their home language, this includes opportunities for speaking and writing.](#)
 - iv. Aligned with kindergarten entry. [The Alabama Early Learning Guidelines are written to promote continuity of high quality care and learning for children from birth to age 5.](#)
 - v. Appropriate for all children from birth to kindergarten entry. [The guidelines are intended to be inclusive of all children; a guide of building blocks to support early care and to educate providers in preparing children for future success in school and life. The guidelines are developed along a continuum that embraces all ages within that span, with appropriate consideration for unique characteristics of development at each age.](#)
 - vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body. [The Alabama Early Learning Guidelines are a collaboration between the Alabama Department of Human Resources and various stakeholders across the state. The Alabama Early Learning Guidelines Advisory Committee included center and home providers along with representatives from the State Department of Education, Head Start, State Special Education Services, Office of School Readiness, and advocates.](#)

- b. Describe how the required domains are included in the state/territory’s early learning and developmental guidelines. Responses for “other” are optional.
- i. Cognition, including language arts and mathematics. [The goal of language and literacy development is for children to communicate successfully with others, respond to verbal and non-verbal communication, communicate through language and gestures and identify with a home language. The goal of cognitive development is to help children develop problem solving abilities and concept attainment, Children will gain an understanding of basic concepts and spatial relationships, apply knowledge to new situations, and develop strategies for solving problems.](#)
 - ii. Social development. [To develop social interaction skills in developing trusting relationships with nurturing adults, show interest in peers, and demonstrate caring and cooperation and try out roles and relationships.](#)
 - iii. Emotional development. [To help children develop a positive picture of self that will affect every are of development and to understand and express their own emotions.](#)
 - iv. Physical development. [The goal of physical development is to help children develop physical skills necessary to move and do in the world. The child will develop gross and fine motor skills, coordinate eye and hand movements, and develop self help skills.](#)
 - v. Approaches toward learning. [The Early Learning Guideline includes approaches to learning into the other domains. In the guidelines each domain has indicators that align with the children age and stage of development, included with each indicator is a statement of what the child needs to achieve these goals along with how caregivers can help them.](#)
 - vi. Describe how other optional domains are included, if any:
[Click or tap here to enter text.](#)
- c. Describe how the state/territory’s early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.
[The Lead Agency reviews guidelines as needed in correlation to updates in the state’s licensing minimum standards. The date of first issue of the guidelines is 2009. The lead agency plans to update the guidelines in 2022 as the licensing standards have been updated in 2021.](#)
- d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards. [Click or tap here to enter text.](#)
- e. Provide the Web link to the state/territory’s early learning and developmental guidelines and if available, the school-age guidelines <https://dhr.alabama.gov/wp-content/uploads/2019/07/AELG.pdf>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF

- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used. [The Early Learning Guidelines are used to train childcare providers. They are presented as a guide of building blocks that are important to support early care and education providers in preparing each child for future success in school and in life. The guidelines are intended to be inclusive of all children. The ages of birth through 5 are critical to child development, and these guidelines are developed along a continuum that embraces all ages within that span, with appropriate consideration for unique characteristics of development at each age. Children must receive appropriate nurturing and education within and outside their families from birth onward of they are to develop optimally. These guidelines are to be used a guide.](#)

- 6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)). [Not applicable.](#)

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory

(658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define “high quality” and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory’s needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). [The Children’s Policy Council \(CPC\) is designated as the State’s Advisory Council. The CPC is designed to support a provider of children’s services as they work collaboratively in developing community service plans to address the needs of children ages 0-19 and their families. County needs assessments are completed annually by each Alabama county prior to July 1of each year. The State Children’s Policy Council reviews the local needs assessments prepared by each county and makes recommendation to appropriate state leaders to help solve issues facing the children and families of Alabama.](#)
- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings. [The overarching goals of quality improvement activities is to enhance the quality of childcare, to positively impact the early learning experiences of young children and support the training and education needs of caregivers and teachers in the field of early childhood and school-age care. The 2020 Needs Assessment listed Substance Abuse, Parental Involvement and Family Engagement, and Mental Health as the top 3 issues impacting Alabama’s children.](#)

7.2 Use of Quality Funds

- 7.2.1 Check the quality improvement activities in which the state/territory is investing.

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
a. Supporting the training and professional development of the child care workforce as discussed in 6.2.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds	Click or tap here to enter text.	6.3
b. Developing, maintaining, or implementing early learning and developmental guidelines.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds	Click or tap here to enter text.	6.4

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
c. Developing, implementing, or enhancing a tiered quality rating and improvement system.	<input checked="" type="checkbox"/> i. CCDF funds	Click or tap here to enter text.	7.3
	<input type="checkbox"/> ii. State general funds		
d. Improving the supply and quality of child care services for infants and toddlers.	<input checked="" type="checkbox"/> i. CCDF funds	Click or tap here to enter text.	7.4
	<input type="checkbox"/> ii. State general funds		
e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7.	<input checked="" type="checkbox"/> i. CCDF funds	Click or tap here to enter text.	7.5
	<input type="checkbox"/> ii. State general funds		
f. Facilitating Compliance with State Standards	<input checked="" type="checkbox"/> i. CCDF funds	Click or tap here to enter text.	7.6
	<input type="checkbox"/> ii. State general funds		
g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory.	<input checked="" type="checkbox"/> i. CCDF funds	Click or tap here to enter text.	7.7
	<input type="checkbox"/> ii. State general funds		
h. Accreditation Support	<input checked="" type="checkbox"/> i. CCDF funds	Click or tap here to enter text.	7.8
	<input type="checkbox"/> ii. State general funds		

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.	<input checked="" type="checkbox"/> i. CCDF funds	Click or tap here to enter text.	7.9
	<input type="checkbox"/> ii. State general funds		
j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible.	<input type="checkbox"/> i. CCDF funds	Click or tap here to enter text.	7.10
	<input type="checkbox"/> ii. State general funds		

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.
- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. [Click or tap here to enter text.](#)
- e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available. [Click or tap here to enter text.](#)
- a. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.
 - i. Focused on child care centers. Describe: [Click or tap here to enter text.](#)
 - ii. Focused on family child care homes. Describe: [Click or tap here to enter text.](#)
- b. No, but the state/territory is in the in the development phase of supporting accreditation.
 - i. Focused on child care centers. Describe: [Click or tap here to enter text.](#)
 - ii. Focused on family child care homes. Describe: [Click or tap here to enter text.](#)
- c. No, the state/territory has no plans for supporting accreditation.

7.3.2 Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

7.3.5 Describe any other strategies the state uses, across categories of care, to reduce the burden on providers to implement quality improvement efforts. [Click or tap here to enter text.](#)

7.3.6 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

7.3.7 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [Click or tap here to enter text.](#)

7.4 **Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers**

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License exempt family child care home	In-home care (care in the child's own home)
<input type="checkbox"/>	a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License exempt family child care home	In-home care (care in the child's own home)
	<i>Click or tap here to enter text.</i>					
<input type="checkbox"/>	b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care. Describe: <i>Click or tap here to enter text.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The Lead Agency's Quality Enhancement Agencies provides training and technical assistance to child care providers in best practice and research-based techniques to support quality improvement in classrooms that serve infants and toddlers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	d. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The Lead Agency's Alabama Infant/Toddler Professional Development Network provides training and technical assistance to child care programs statewide to enhance providers and their staff with research-based best practices in supporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License exempt family child care home	In-home care (care in the child's own home)
	developmentally appropriate activities, classrooms and other services for infants and toddlers.					
<input type="checkbox"/>	e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: The Lead Agency's QRIS has assessments and classroom inventories specific for infants and toddlers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	g. Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: The Lead Agency's licensing regulations have specific standards that address care for infants and toddlers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	h. Developing infant and toddler components within the early learning and developmental guidelines. Describe: The Lead Agency's Alabama Early Learning Guidelines have specific milestones, activities, and guidelines for track and foster the healthy growth and	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License exempt family child care home	In-home care (care in the child's own home)
	development of infants and toddlers.					
<input type="checkbox"/>	i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	k. Coordinating with child care health consultants. Describe: The Lead Agency has a contractual partnership with the Alabama Department of Public Health's Healthy Child Care Alabama, which provides nurses as health care consultants to train providers on the varying health and safety needs of infants and toddlers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	l. Coordinating with mental health consultants. Describe: The Lead Agency is a founding member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License exempt family child care home	In-home care (care in the child's own home)
	of the First 5 Alabama. The initiative supports healthy social, emotional, cognitive, and physical development of children, ages birth through five. The funding provided by the Lead Agency supports five Infant and Early Childhood Mental Health Specialists that provide supportive services to child care programs in the state specifically targeting children age 0 to 3.					
<input type="checkbox"/>	m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program. Describe: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	n. Other. Describe: The Lead Agency is also the grantee for the Early Head Start-Child Care Partnership Program, which serves 566 vulnerable infants and toddler in community-based centers and family child care homes that agree to meet higher quality standards above and beyond the state's licensing standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. [The Lead Agency contracts with community-based organizations referred to as Quality Enhancement Agencies \(QEAs\) to provide training and professional development to child care providers. The Lead Agency requires the QEAs to submit quarterly reports of the training and TA provided to child care providers. The QEAs complete pre- and post-testing of each training to measure progress. The QEAs may also award continuing education units to those that successfully complete courses. Other measures include the number of participants and programs reached by the quality initiative and the number of technical assistance visits provided and type of provider settings receiving the technical assistance visits. The Lead Agency uses this information to measure progress attained by the providers.](#)

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies? [The Lead Agency's child care resource and referrals agencies provide training and technical assistance to providers to support social, emotional, physical, cognitive, and nutritional needs of children in order to support healthy development. These agencies also assist parents in identifying child care providers that suits the individual needs of the family.](#)

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [The Lead Agency requires the Quality Enhancement Agencies \(QEAs\) who serve as CCR&Rs to submit quarterly reports of the training and TA provided to child care providers. The QEAs complete pre- and post-testing of each training to measure progress. The QEAs may also award continuing education units to those that successfully complete courses. Other performance measures include the number of participants and programs reached by program quality initiatives, number of technical assistance visits and impact of professional development initiatives. The Lead Agency uses this information measure progress attained by the providers.](#)

7.6 Facilitating Compliance with State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5. Describe: [The Lead Agency funds training in both in-person and e-learning formats for providers to gain instruction and guidance on meeting and implementing compliance measures in health and safety standards. The Lead Agency utilized CCDF funds to provide inspectors known as child care consultants, which are tasked with inspecting child care facilities and monitoring compliance with the state's licensing standards as well as the state's health and safety guidelines.](#)

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

a. Licensed CCDF providers

b. Licensed non-CCDF providers

c. License-exempt CCDF providers

d. Other. Describe: [Click or tap here to enter text.](#)

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [The following performance measures are used to evaluate progress: Number of Participants and Programs reached by program quality initiatives; Number of technical assistance visits provided and type of provider setting receiving technical assistance visits; and impact of professional development initiatives on quality indicators such as: Business and Management Skills, Child Development, Health and Safety, Inclusion, Ongoing Training to Meet Minimum Standards and Parent Involvement.](#)

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

- No
- Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children. [Click or tap here to enter text.](#)

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures. [Not applicable.](#)

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [The Lead Agency evaluates progress by tracking the number of new programs participating in accreditation initiatives, the number of new programs achieving accreditation during the fiscal year, the number of accredited programs maintaining accreditation, and the number of programs making progress beyond the initial baseline assessment.](#)

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

- a. **Infants and toddlers** [The Lead Agency's Early Head Start-Child Care Partnership supports private child care settings to meet Head Start Performance Standards as a means to improve quality in the programs. The Lead Agency funds the quality initiative, Talk with Me Baby, to support the developmental, cognitive and language abilities in infants and toddlers. The program provides training and technical assistance to providers and staff that work directly with infant and toddlers. The Lead Agency also funds the Alabama Infant and Toddler Professional Development Network, which provides mentoring and coaching to child care staff in best practices when caring for infant and toddlers.](#)
- b. **Preschoolers** [The Lead Agency funds quality initiatives with the Department of Early Childhood Education, the state designee for the PDG grant and Pre-K. Those initiatives include Challenging Behaviors for remodeling behavior to avoid suspension and expulsion and Family Engagement which supports both public and private Pre K programs in the state with the creation of individualized plans designed to increase parent engagement, awareness and community partnership.](#)
- c. **and/or School-age children.** [The Lead Agency is in partnership with the Alabama After School Network and has adopted the Alabama After-school Quality Standards as a means of developing and supporting high-quality programs in public and private child care settings. The network, in collaboration with Auburn University, provides professional development, training, and technical assistance to providers that serve school age children. The Lead Agency also issues grants to schools in underserved and low-income areas of the state for after school programs in support of increased higher quality.](#)

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [The Lead Agency requires the Quality Enhancement Agencies \(QEAs\) to submit quarterly reports of the training and TA provided to child care providers. The QEAs complete pre- and post-testing of each training to measure progress. The QEAs may also award continuing education units to those that successfully complete courses. Other performance measures include the number of participants and programs reached by program quality initiatives; number of technical assistance visits, and the impact of professional development initiatives. The Lead Agency uses this information to measure progress attained by the providers.](#)

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe: [The Lead Agency is in the development stages of revamping its QRIS system. The system is being overhauled after being in full implementation since 2016 to adjust to the changing landscape of Alabama's child care community. The Lead Agency plans to include all licensed child care to enter the first tier of the QRIS system by including higher quality criteria within the state's licensing standards. The state plans to pilot the new system in August 2021.](#)

Ensure Grantee Program Integrity and Accountability

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers. Describe: [The attendance and billing for child care is captured with the Child Care Time and Attendance System \(TAS\). TAS is an electronic process of recording attendance. TAS will provide for more accurate and timely capturing of time and attendance data utilizing point of service \(POS\) devices. The system will calculate and make reimbursements to providers based on the time, attendance, and authorized services.](#)
- b. Fiscal oversight of grants and contracts. Describe: [The Lead Agency creates a contract and budget for each agency. Contractual agreements are reviewed by Legal and Financial Accounting staff. Invoices for expenditures are submitted monthly and reviewed by a program specialist against budgets, verifying the number of children served and line-item detail accuracy. Invoices are submitted to the DHR Finance Division for additional review against budgets, contracts and financial reporting codes before payment is authorized.](#)
- c. Tracking systems to ensure reasonable and allowable costs. Describe: [The Lead Agency conducts a Market Rate Survey to determine the rates charged per child in all child care settings in Alabama. This rate information is used to determine the reimbursement rate for providers who participate in the Child Care Subsidy Program.](#)
- d. Other. Describe: [Click or tap here to enter text.](#)

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

- a. Conduct a risk assessment of policies and procedures. Describe: [Click or tap here to enter text.](#)
- b. Establish checks and balances to ensure program integrity. Describe: [The Lead Agency has a dedicated Policy Specialist that constantly reviews Policy and Procedures for compliance with CCDF regulations. The Policy Specialist updates policy and notifies all Child Care Management Agencies \(CMA\) of any changes and directives needed to fulfill the new policy. Yearly reviews conducted outside of the federal review cycle help the](#)

[CMAs maintain error reduction, identify potential policy inconsistencies, and identify areas where targeted technical assistance is needed, as well as assist agencies to manage overall compliance with policy.](#)

- c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe: [Child Care Management Agencies also perform in-house supervisory case reviews for agreement with actions taken by the caseworker and were consistent with policy.](#)
- d. Other. Describe: [The Lead Agency reviews attendance and billing records to identify potential risk of fraud. Swipe activity is checked against attendance/sign-in/sign-out sheets and provider authorizations. The Lead Agency has a complaint intake line for clients or providers to notify the agency of suspected fraud or improper use.](#)

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

- a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.
 - i. Issue policy change notices. Describe: [Click or tap here to enter text.](#)
 - ii. Issue policy manual. Describe: [Upon registration with the Child Care Subsidy Program Providers are issued a Provider Registration Guide as well as a Time and Attendance Provider Equipment Agreement and billing forms to provide knowledge of the program and how to obtain assistance if needed. Policy manuals are available upon request.](#)
 - iii. Provide orientations. [Click or tap here to enter text.](#)
 - iv. Provide training. Describe: [Training for providers is ongoing and as needed. Child Care Management Agencies \(CMAs\) and Lead Agency staff are available by phone and email for questions and/or clarifications.](#)
 - v. Monitor and assess policy implementation on an ongoing basis. Describe: [Click or tap here to enter text.](#)
 - vi. Meet regularly regarding the implementation of policies. Describe: [Click or tap here to enter text.](#)
 - vii. Other. Describe: [Click or tap here to enter text.](#)

- b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices. Describe: [Policy changes are issued to Child Care Management Agencies \(CMAs\) ongoing through quarterly meetings and as needed from the State Office.](#)
- ii. Train on policy change notices. Describe: [Training for Child Care Management Agencies \(CMAs\) is ongoing and as needed. Lead Agency staff are also available by phone and email for questions and/or clarifications.](#)
- iii. Issue policy manuals. Describe: [Policy manuals are made available to Child Care Management Agencies \(CMAs\) upon entering a contract with DHR. Additional copies are available upon request.](#)
- iv. Train on policy manual. Describe: [The Lead Agency has a Program Specialist dedicated to policy updates, provides technical assistance for the child care management system, and training annually and as needed for Child Care Management Agency \(CMA\) administrators, supervisors, and caseworkers. The Policy Specialist is available by phone and email for questions and/or clarifications.](#)
- v. Monitor and assess policy implementation on an ongoing basis. Describe: [Program monitoring by Lead Agency staff is conducted on a random sample of records from each CMA agency to ensure proper application of program policies. During the monitoring visits, case records and provider records are randomly selected and reviewed for compliance with subsidy policy and procedures.](#)
- vi. Meet regularly regarding the implementation of policies. Describe: [At a minimum, the Lead Agency holds quarterly meetings with the Child Care Management Agencies \(CMAs\). Additional meetings are held as needed.](#)
- vii. Other. Describe: [Click or tap here to enter text.](#)

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe: [The Lead Agency Child Care Management System and Time and Attendance System generates monthly and weekly administrative reports. These reports are used to verify the accuracy of daily tasks by system users and reports errors for correction. The Lead Agency's Division of Information Systems performs daily and weekly system routines to find errors as well. Ad hoc reporting is available as needed in determining activity of any misuse of policy application.](#)

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the

description how each activity assists in the identification and prevention of fraud and intentional program violations.

<input type="checkbox"/>	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities: Click or tap here to enter text.</p>
<input checked="" type="checkbox"/>	<p>ii. Run system reports that flag errors (include types).</p> <p>Describe the activities and the results of these activities: The Department's Child Care Management System (CCMS) and Time and Attendance System (TAS) generate monthly and weekly administrative reports. CCMS allows state staff to view eligibility determinations made by local agencies. The system has audit trail capability to track changes made to a specific case, the specific user who made the change and what changes were made.</p>
<input checked="" type="checkbox"/>	<p>iii. Review enrollment documents and attendance or billing records.</p> <p>Describe the activities and the results of these activities: Administrative reports are run so attendance can be reviewed for accuracy and agreement with authorization. Administrative reports include inactivity reports, new provider reports, inactive provider reports, and underutilization reports. The inactivity report shows parents who have not utilized child care services. This could indicate that a parent has changed providers or that services are no longer needed, but the parent has failed to contact agency. The new provider report and inactive provider report details providers new to system and providers no longer participating so that appropriate actions can be taken with the children enrolled or seeking to enroll with the provider. The underutilization report indicates the children who are not attending at the authorized level so contact can be made to determine if services are still needed or a change in level of services is needed.</p>
<input checked="" type="checkbox"/>	<p>iv. Conduct supervisory staff reviews or quality assurance reviews.</p> <p>Describe the activities and the results of these activities: The Child Care Management Agencies (CMAs) are contractually obligated to perform supervisory reviews of client cases, including administrative reviews for client accusations of misuse of policy. Errors discovered during supervisory reviews will be corrected and used to help caseworkers in strengthening their knowledge of policy and procedures.</p>
<input checked="" type="checkbox"/>	<p>v. Audit provider records.</p> <p>Describe the activities and the results of these activities: The Child Care Management Agencies (CMAs) have a dedicated provider specialist that processes registrations to ensure provider policies are applicable and in agreement with policy and procedures.</p>
<input checked="" type="checkbox"/>	<p>vi. Train staff on policy and/or audits.</p> <p>Describe the activities and the results of these activities: Eligibility caseworkers are</p>

	trained on Child Care Subsidy Program Policy at the Child Care Management Agency (CMA) level upon employment. The Lead Agency conducts additional trainings as needed to implement any new changes occurring in between annual policy updates. c-specific training or clarifications are conducted based on the results of Improper Payment annual review or as requested by the eligibility agency.
<input type="checkbox"/>	vii. Other. Describe the activities and the results of these activities: Click or tap here to enter text.

b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

<input type="checkbox"/>	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: Click or tap here to enter text.
<input checked="" type="checkbox"/>	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: The Lead Agency’s Child Care Management System (CCMS) and Time and Attendance System (TAS) generate monthly and weekly administrative reports for the purpose of tracking and identifying potential program violations or discrepancies. The Department can also create ad hoc reports when needed for special circumstances. The system has audit trail capability to track changes made changes to a specific case, the specific user who made the change and what changes were made.
<input checked="" type="checkbox"/>	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: The Child Care Management Agencies (CMAs) are contractually obligated to perform supervisory reviews of client cases and provider registrations, including administrative reviews for client accusations of unintentional program violations. Errors discovered during supervisory review will be corrected and used to help caseworkers in strengthening their knowledge of policy and procedures.
<input checked="" type="checkbox"/>	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: The Child Care Management Agencies (CMAs) are contractually obligated to perform supervisory reviews of client cases. Errors discovered during supervisory reviews will be corrected and used to help caseworkers in strengthening their knowledge of policy and procedures.
<input checked="" type="checkbox"/>	v. Audit provider records. Describe the activities and the results of these activities: The Child Care

	Management Agencies (CMAs) have a dedicated provider specialist that processes registrations to ensure provider policies are applicable and in agreement with policy and procedures.
<input checked="" type="checkbox"/>	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: Eligibility caseworkers are trained on Child Care Subsidy Program Policy at the local level upon employment. The Lead Agency conducts additional trainings as needed to implement any new changes occurring in between annual policy updates. Topic-specific training or clarifications are conducted based on the results of Improper Payment annual review or as requested by the eligibility agency.
<input type="checkbox"/>	vii. Other. Describe the activities and the results of these activities: Click or tap here to enter text.

- c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

<input type="checkbox"/>	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: Click or tap here to enter text.
<input checked="" type="checkbox"/>	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: The Department's Child Care Management System (CCMS) and Time and Attendance System (TAS) generate monthly and weekly administrative reports. CCMS allows state staff to view eligibility determinations made by local agencies known as the Child Care Management Agencies (CMAs). The system has audit trail capability to track changes made changes to a specific case, the specific user who made the change and what changes were made.
<input checked="" type="checkbox"/>	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: The Child Care Management Agencies (CMAs) are contractually obligated to perform supervisory reviews of client cases and provider registrations, including administrative reviews for client accusations of unintentional program violations. Errors discovered during supervisory review will be corrected and used to help caseworkers in strengthening their knowledge of policy and procedures.
<input checked="" type="checkbox"/>	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: The Child Care Management Agencies (CMAs) are contractually obligated to perform supervisory reviews of client cases and provider registrations, including administrative reviews for client

	accusations of unintentional program violations. Errors discovered during supervisory review will be corrected and used to help caseworkers in strengthening their knowledge of policy and procedures
<input checked="" type="checkbox"/>	v. Audit provider records. Describe the activities and the results of these activities: The Child Care Management Agencies (CMAs) have a dedicated provider specialist that process registrations to ensure provider policies are applicable and in agreement with policy and procedures.
<input checked="" type="checkbox"/>	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: Eligibility caseworkers are trained on Child Care Subsidy Program Policy at the local level upon employment. The Lead Agency conducts additional trainings as needed to implement any new changes occurring in between annual policy updates. Topic specific training or clarifications are conducted based on the results of Improper Payment annual review or as requested by the eligibility agency.
<input type="checkbox"/>	vii. Other. Describe the activities and the results of these activities: Click or tap here to enter text.

- 8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.
- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney). [The Lead Agency is responsible for pursuing fraud and overpayments with assistance from the Lead Agency’s Division of Program Accountability. The Division is responsible for the investigations of all public welfare fraud.](#)
 - b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.
Describe the activities and the results of these activities: [Program violations that result in improper payments are referred to the claims specialist to perform a claim review. If the claim is at least a minimum of \\$35.00, the claim will be documented, and the client or provider notified. Payment arrangements or recoupment plans are included so that the recovery can be initiated.](#)
 - 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: [The Lead Agency’s Division of Program Accountability is responsible for the investigations of all public welfare fraud. The Lead Agency makes referrals for investigations involving fraud and once substantiated,](#)

[the Division on Program Accountability makes further referrals with the local police and district attorney in the county where the providers is located.](#)

- iii. Recover through repayment plans.
Describe the activities and the results of these activities: [Payment arrangements or recoupment plans are completed so that the recovery can be initiated.](#)
 - iv. Reduce payments in subsequent months.
Describe the activities and the results of these activities: [Providers with repayment claims can have their balances recouped from future payments thereby reducing subsequent payments until the claim is repaid.](#)
 - v. Recover through state/territory tax intercepts.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
 - vi. Recover through other means.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
 - viii. Other. Describe the activities and the results of these activities:
[Click or tap here to enter text.](#)
- c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:
- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
 - ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.
Describe the activities and the results of these activities: [Program violations that result in improper payments are referred to the claims specialist to perform a claim review. If the claim is at least a minimum of \\$35.00, the claim will be documented, and the client or provider notified. Payment arrangements or recoupment plans are included so that the recovery can be initiated.](#)
 - iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
Describe the activities and the results of these activities: [The Lead Agency's Division](#)

of Program Accountability is responsible for the investigations of all public welfare fraud. The Lead Agency makes referrals for investigations involving fraud and once substantiated, the Division on Program Accountability makes further referrals with the local police and district attorney in the county where the providers is located.

- iv. Recover through repayment plans.
Describe the activities and the results of these activities: Payment arrangements or recoupment plans are completed so that the recovery can be initiated. Payments are structured as to not cause an undue hardship on clients or providers.
 - v. Reduce payments in subsequent months.
Describe the activities and the results of these activities: Providers with claims for repayment can have their balances recouped from future payments thereby reducing subsequent payments until the claim is repaid
 - vi. Recover through state/territory tax intercepts.
Describe the activities and the results of these activities: *Click or tap here to enter text.*
 - vii. Recover through other means.
Describe the activities and the results of these activities: *Click or tap here to enter text.*
 - viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
Describe the activities and the results of these activities: *Click or tap here to enter text.*
 - ix. Other. Describe the activities and the results of these activities:
Click or tap here to enter text.
- d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
 - ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.

Describe the activities and the results of these activities: Program violations that result in improper payments are referred to the claims specialist to perform a claim review. If the claim is at least a minimum of \$35.00, the claim will be documented, and the client or provider notified. Payment arrangements or recoupment plans are included so that the recovery can be initiated.
 - iii. Coordinate with and refer to the other state/territory agencies (e.g.,

state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities: [The Lead Agency's Division of Program Accountability is responsible for the investigations of all public welfare fraud. The Lead Agency makes referrals for investigations involving fraud and once substantiated, the Division on Program Accountability makes further referrals with the local police and district attorney in the county where the providers is located.](#)

- iv. Recover through repayment plans.

Describe the activities and the results of these activities: [Payment arrangements or recoupment plans are completed so that the recovery can be initiated. Payments are structured as to not cause an undue hardship on clients or providers.](#)

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities: [Providers with repayment claims can have their balances recouped from future payments thereby reducing subsequent payments until the claim is repaid.](#)

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- vii. Recover through other means.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- viii. 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: [Click or tap here to enter text.](#)

- ix. Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities: [Parents who commit intentional program violations are sanctioned for one \(1\) month for the first offense, months \(3\) months for the second offense and one year for the third and any subsequent offenses. Sanctions means the parent or provider cannot participate in the program during the sanction period. Parents must first establish a pattern of non-compliance in which the parent is allowed three](#)

[instances of non-compliance before sanctions are imposed.](#)

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities: [Providers who commit intentional program violations are sanctioned for one \(1\) month for the first offense, three \(3\) months for the second offense and one year for the third and any subsequent offenses. Sanctions means the provider cannot participate in the program during the sanction period.](#)

- c. Prosecute criminally.

Describe the activities and the results of these activities: [Cases of fraud that that exceed \\$2500.00 may be referred to the Program Accountability Director for investigation and referral to the District Attorney for criminal prosecution as deemed appropriate.](#)

- d. Other. Describe the activities and the results of these activities:

[Click or tap here to enter text.](#)

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