OMB Control No: 0970-0114

Expiration date: XXXX

Child Care and Development Fund (CCDF) Plan

for

State/Territory Connecticut

FFY 2019–2021

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, 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.

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NOTE: OEC's plans may require regulation changes. While they are not yet noted here, they will be noted in the final plan and incorporated into the regulatory revision process. This may result in a delayed implementation.

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. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the final rule was released. The final rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan 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. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems
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 Families
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 Accountability

These organizational categories reflect key functions 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 and deadlines.

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 CCDF Leadership and Coordination with Relevant Systems

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. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Coordination with child care resource and referral (CCR&R) systems are explained, and Lead Agencies outline the work they have done on their disaster preparedness and response plans.

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)).

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)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **Office of Early Childhood**

Street Address: **450 Columbus Boulevard**

City: **Hartford**

State: **CT**

ZIP Code: **06103**

Web Address for Lead Agency: **http://www.ct.gov/oec/site/default.asp**

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **David**

Lead Agency Official Last Name: **Wilkinson**

Title: **Commissioner**

Phone Number: **860-500-4412**

Email Address: **david.wilkinson@ct.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: **Harriet**

CCDF Administrator Last Name: **Feldlaufer**

Title of the CCDF Administrator: **Division Director, Early Care and Education**

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number: **860-500-4422**

Email Address: **harriet.feldlaufer@ct.gov**

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

CCDF Co-Administrator First Name: _____

CCDF Co-Administrator Last Name: _____

Title of the CCDF Co-Administrator: _____

Address of the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number: _____

Email Address: _____

Description of the role of the Co-Administrator: _____

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 it retains overall responsibility for the administration of the program (658D(b)). 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(i)(3)). Check one.

X   All program rules and policies are set or established at the state or territory level.

☐   Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
1.   Eligibility rules and policies (e.g., income limits) are set by the:

  ☐   State or territory
  ☐   Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. �_blank▪
  ☐   Other. Describe: ▪▪▪.
2.   Sliding-fee scale is set by the:

  ☐   State or territory
  ☐   Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. ▪▪▪
  ☐   Other. Describe: ▪▪▪.
3.   Payment rates are set by the:

  ☐   State or territory
  ☐   Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. ▪▪▪
  ☐   Other. Describe: ▪▪▪.
4.   Other. List other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices): ▪▪▪

1.2.2   How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply.

a) Who conducts eligibility determinations?

  ☐   CCDF Lead Agency
  ☐   Temporary Assistance for Needy Families (TANF) agency
  ☐   Other state or territory agency
  ☐   Local government agencies, such as county welfare or social services departments
  ☐   Child care resource and referral agencies
  ☐   Community-based organizations

   X Other. **The Office of Early Childhood contracts with the United Way of Connecticut to determine program eligibility.**

b) Who assists parents in locating child care (consumer education)?

   X CCDF Lead Agency

   X TANF agency

   ☐ Other state or territory agency

   ☐ Local government agencies, such as county welfare or social services departments

   X Child care resource and referral agencies

   ☐ Community-based organizations

   ☐ Other. _____

c) Who issues payments?

   ☐ CCDF Lead Agency

   X TANF agency.

   ☐ Other state or territory agency.

   ☐ Local government agencies, such as county welfare or social services departments.

   ☐ Child care resource and referral agencies.

   ☐ Community-based organizations.

   ☐ Other. _____

1.2.3 What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance.

The OEC conducts annual contract monitoring of the United Way of Connecticut to assess administrative responsibilities and performance in implementing the childcare subsidy program, Care 4 Kids. The areas which are included in the annual monitoring are:

- Program administration including staffing levels and staff training

- Case and formal complaints processing

- **Site operation and web site management**

OEC also performs a review of improper payment cases based on a monthly sample of issued payments. Any errors noted are sent to UW of CT immediately for correction.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including 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 available to public agencies in other states to the extent practicable and appropriate.

The code or software used for child care information systems or information technology is under OEC purview and would be made available upon request to other public agencies including public agencies in other states.

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 OEC and UW of CT handle all confidential and personally-identifiable information about children and families in accordance with FERPA requirements.

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 in question 1.4.1.

1.3.1   Describe the Lead Agency's consultation in the development of the CCDF plan.

a)   Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

The OEC conducted an interview with Joseph De Long, Executive Director of Connecticut Conference of Municipalities (CCM) and Ron Thomas, Deputy Director of CCM. During the conversation, OEC and CCM discussed how child care affects the towns and the need for campaigns to increase awareness around the value of early care and education, and communication channels that could be leveraged to increase collaboration with Connecticut Councils of Government.

b)   Describe how the Lead Agency consulted with the State Advisory Council.

 Meetings were held with the Early Childhood Cabinet (SAC) to review the CCDF Plan and all public comments to finalize any plan amendments.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state.

The OEC consulted with the Social Services Manager for the Mohegan Sun Tribe, one of two federally recognized tribes in Connecticut, to discuss statewide professional development activities and future strategies for collaboration. The Office of Early Childhood will continue to coordinate with the Mohegan Sun as they develop the tribes CCDF Plan and include strategies to share resources. The OEC has reached out to the Mashantucket Pequot Tribe to discuss collaboration and resource sharing, the Tribe has not responded to the request.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan. _____

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(s) of notice of a public hearing. **4/20/18**
   Reminder: Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice.

The public was notified through the OEC website (www.ct.gov/oec), Early Childhood listserv (reaching nearly 1,100 early childhood providers and stakeholders) and OEC social media channels.

c) Date(s) of the public hearing(s). **May 15, 2018, May 17, 2018, May 17, 2018**   *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed. **Hearings were held at three different locations across the state. In addition to the hearings, a user-friendly web-based survey was developed to solicit comments.**

e) How the content of the Plan was made available to the public in advance of the public hearing(s).

The Plan was posted on the OEC website (www.ct.gov/oec), state-wide Early Childhood listserv (reaching nearly 1,100 early childhood providers and stakeholders), and OEC social media channels.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

All comments were reviewed and considered in completion of the final plan. A summary of comments was posted to the OEC website and sent electronically to the Early Childhood Cabinet (SAC).

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)).

a) Provide the website link to where the plan, any plan amendments, and/or waivers are available**. http://www.ct.gov/oec/site/default.asp**

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: _____

X   Working with child care resource and referral agencies. Describe:

The United Way of Connecticut is the state-wide CCR&R and also the state's child care subsidy vendor. The plan and all amendments are available on their website.
http://www.211childcare.org/

☐   Providing translation in other languages. Describe: _____

X   Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe:

The OEC uses multiple platforms for social media to inform the public.
https://www.facebook.com/ctoec, https://twitter.com/ct_oec
https://www.youtube.com/user/CTearlychild

X   Providing notification to stakeholders (e.g., provider groups, parent groups). Describe:

The OEC makes announcements to a state-wide early childhood listserv. This listserv is dedicated to information and advocacy around early childhood issues and topics.

☐   Other. Describe: _____

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 entities 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; linking comprehensive services to children

in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

X (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process:

The OEC conducted an interview with Joseph De Long, Executive Director of Connecticut Conference of Municipalities (CCM) and Ron Thomas, Deputy Director of CCM. The OEC will leverage communication channels, such as meetings with the Connecticut Councils of Government, to disseminate information, strategies, and policy changes to senior-level staff and mayors. CCM offered to send out surveys to communities to support OEC in better understanding the needs and concerns of their residents in relation to access and quality of child care.

X (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination goals and process:

Meetings were held with the Early Childhood Cabinet (SAC) to review the Plan and all public comments to finalize any plan amendments.

☐ Does the Lead Agency have official representation and a decision-making role in the State Advisory Council (or similar coordinating body)?
☐ No

X Yes

X (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted:

The Office of Early Childhood has consulted with the Social Services Manager for the Mohegan Sun Tribe, one of two federally recognized tribes in Connecticut, to discuss statewide professional development activities and future strategies for collaboration. The Office of Early Childhood will continue to coordinate with the Mohegan Sun as they develop the tribes CCDF Plan and to include strategies to share resources.

☐ N/A—There are no Indian tribes and/or tribal organizations in the State.

X (REQUIRED) 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 Section 619 for preschool). Describe the coordination goals and process:

The Office of Early Childhood's Division of Early Care and Education oversees all state and federally funded early childhood programs, with the exception of IDEA Part B Section 619 preschool special education. The OEC is in the process of developing a memorandum of agreement with the State Department of Education articulating roles and responsibilities on

the coordination of best practices on inclusion in early childhood education preschool settings. The OEC is committed to working with the Family Support Division to increase awareness and educate providers on the Birth to Three program. Not only will OEC develop strategies to build provider comfort in accepting children with special needs, and better coordinate access to early intervention in all child care settings, but OEC will also pursue ways to connect the CCDF program with the State Systemic Improvement Plan, specifically around improving education and outreach to increase access for children with special needs.

X (REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process:

The Head Start State Collaboration Office resides in the Office of Early Childhood.

☐ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: **Interview was not arranged.**

X (REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process:

OEC has been working with the Department of Labor and Office of Workforce Competitiveness to better understand opportunities to support nontraditional hours of care. DOL and OWC suggested working with local adult education providers to understand the need for nontraditional hours of care, and to identify strategies to expand access to these services. OEC will also explore opportunities to participate in the Connecticut Employment and Training Commission in order to reassess whether it should expand its eligibility activities around employment, education, and job training, to provide better support for working families.

X (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK). Describe the coordination goals and process:

The CT CCDF Administrator and OEC staff work with the McKinney Vento State Administrator, who is a staff member of the State Department of Education, on relevant issues related to the Plan's activities and tasks to serve families experiencing homelessness. Furthermore, three members of the Early Childhood Cabinet (SAC) are staff from the State Department of Education, including the Deputy Commissioner, the IDEA Part B State Coordinator, and the McKinney Vento State Administrator. In addition, the Office of Early Childhood works collaboratively with the Connecticut Association of Public School Superintendents and is in the process of identifying strategies to ensure all health and safety requirements are being met for children in public schools who receive a child care subsidy.

X (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process:

State licensing for child care programs and youth camps is a Division of the Office of Early Childhood.

X (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: **The Office of Early Childhood plans to work with the State Department of Education to provide required training and bilingual materials on the Child and Adult Care Food Program (CACFP) to family-based care providers. This training will focus on educating providers on the value of the CACFP, as well as provide support in navigating the administrative requirements to access this underutilized cost reimbursement resource.**

X (REQUIRED) 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 and process:

The Office of Early Childhood is engaged in ongoing and regular communication with the State McKinney Vento Coordinator to improve the referral pathway into education programs for children experiencing homelessness. OEC is exploring opportunities to leverage existing training utilized by McKinney Vento liaisons to increase providers' understanding of the definition of homelessness used in the McKinney Vento Act, and to educate providers on how to identify and care for children experiencing homelessness. The OEC requires local McKinney Vento Liaisons to be members of local School Readiness Councils. The OEC plans to connect with these individuals on a regular basis to collect information around trends and best practices that may be disseminated to Care 4 Kids providers across the state.

X (REQUIRED) State/territory agency responsible for employment services and workforce development. Describe the coordination goals and process:

Community Health Network for Connecticut administers the Medicaid and the state Children's Health Insurance Program (HUSKY). Once an individual or family goes through the application process with DSS, they are automatically enrolled in HUSKY. In 2017, Community Health Network for Connecticut launched Community engagement hub networks to provide additional support and resources to HUSKY clients. Community Health Network works with boards of education, nonprofits, shelters, etc., to meet families where they are. Currently, these networks refer HUSKY members to a range of different resources, such as utility assistance, immigration services, and employment services, but do not refer members to Care 4 Kids. Community Health Network would like to work closely with OEC to add Care 4 Kids as a program that their networks actively refer families to. Community Health Network has requested Care 4 Kids program information to add to the resources provided to its HUSKY members and is also working with DSS to see what other channels can be leveraged to link the two programs more closely together.

X (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process:

TANF case workers provide information and referrals to clients regarding child care subsidy.

X (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process:

Community Health Network for Connecticut administers the Medicaid and the state Children's Health Insurance Program (HUSKY). Once an individual or family goes through the application process with DSS, they are automatically enrolled in HUSKY. In 2017, Community Health Network for Connecticut launched Community engagement hub networks to provide additional support and resources to HUSKY clients. Community Health Network works with boards of education, nonprofits, shelters, etc. to meet families where they are. Currently these networks refer HUSKY members to a range of different resources, such as utility assistance, immigration services, and employment services, but does not refer members to Care 4 Kids. Community Health Network would like to work closely with OEC to add Care 4 Kids as a program that their networks actively refer families to. Community Health Network has requested Care 4 Kids program information to add to the resources provided to its HUSKY members and is also working with DSS to see what other channels can be leveraged to link the two programs more closely together.

X   (REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process: **Interview was not arranged.**

X   (REQUIRED) 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 and process:

The OEC has a written contract with United Way of Connecticut, our state's CCR &R, to inform families of all child care services available.

X   (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: **T**

The OEC plans to work with the Connecticut After School Network to address the pressing issue of ensuring quality in afterschool programs. The Connecticut After School Network provides fee for service training and consultation that meets providers where they are and helps to assess progress made towards goals. The OEC will explore opportunities to coordinate easily accessible webinars and trainings for providers in different care settings to promote high quality care.

X   (REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process:

The OEC works directly with the Department of Emergency Services and Public Protection to coordinator preparedness activities. The OEC co-chairs the state-wide Child Emergency Preparedness Committee.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

X State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

The OEC is working closely with Connecticut's three federally funded EHS-CCP grantees to ensure continuity and stability of child care through regularly scheduled meetings and telephone conference calls. The OEC has dedicated a portion of a staff member's time from the Division of Early Care and Education to work directly with the three grantees. The OEC will explore opportunities to expand upon the EHS-CCP model to increase access to care in high need areas through the use of grants or contracts, and build capacity among family child care providers to serve infants and toddlers.

X State/territory institutions for higher education, including community colleges. Describe:
The Office of Early Childhood meets quarterly with the Early Childhood Higher Education Consortia (ECHEC) comprised of representatives from all 2- and 4- year institutions of higher education, to discuss best practices and strategies to increase coordination and continuity regarding pre-service teacher preparation. The OEC is exploring opportunities to expand the eligible activities to include educational attainment through its partnership with the Connecticut State Colleges & Universities (CSCU). One pilot idea includes providing access to child care for individuals attending early childhood training programs at one of Connecticut's community colleges. The OEC will work with CSCU to collect data on this population to assess the feasibility and scale of this pilot.

☐ Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: _____

X State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

The Office of Early Childhood's Division of Family Support is the recipient of the MIECHV Grant program.

☐ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe: _____

☐ State/territory agency responsible for child welfare. Describe: _____
☐ State/territory liaison for military child care programs. Describe: _____
☐ Provider groups or associations. Describe: _____
☐ Parent groups or organizations. Describe: _____
☐ Other. Describe: _____

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 funding for CCDF child care services with funding for any of the required programs listed 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, homeless children, 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 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 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 the 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 required early childhood program (98.14(a)(3))?

X   No.

☐   Yes. If yes, describe at a minimum:

  a) How you define "combine" _____
  b) Which funds you will combine _____
  c) 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 _____
  d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level? _____
  e) How are the funds tracked and method of oversight _____

Use of Perks for Maintenance of Effort: The CCDF final rule clarifies that public perks funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate perks and child care services to expand the availability of child care while using public perks 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 perks 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 child care program (98.55(f)).

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: The Lead Agency must check at least public and/or private funds as matching, even if perks funds also will be used.

☐   N/A—The territory is not required to meet CCDF matching and MOE requirements

X   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.
- o   If checked, identify the source of funds: **State Funds**
- o   If known, identify the estimated amount of public funds that the Lead Agency will receive: $

☐   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)).

    If checked, are those funds:
- ☐   donated directly to the State?
- ☐   donated to a separate entity(ies) designated to receive private donated funds?

    If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: _____

    If known, identify the estimated amount of private donated funds that the Lead Agency will receive: $ _____

X   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 preK expenditures (not to exceed 30 percent): **$7,000,000.**
- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:
  The OEC allows families who are eligible for state pre-k to apply for child care subsidy.
- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: $ _____

Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:
The OEC offers pre-k programs that operate full year and full day throughout the state.

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

The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

☐   No

X   Yes

Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

The OEC offers pre-k programs that operate full year and full day throughout the state.

Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent): _____

- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:
  The OEC offers pre-k programs throughout the state and allows families to apply their child care subsidy to providers throughout the state.
- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: $ _____

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 the entities with which and the levels at which the state/territory is partnering (level—State/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

The Early Childhood Funders Collaborative is a project of the Connecticut Council for Philanthropy (CCP). This state-wide association of grant-makers has dedicated fiscal resources for a peer learning community forum on Shared Service Alliances, and financial support to implement fiscal management training programs to strengthen family and center-based providers' business practices.

The OEC hopes to partner with the Department of Social Services to explore the possibility of broadening the definitions around "education" and "job training" eligible activities. Current definitions are too restrictive but there has yet to be a concerted effort to make sweeping

changes. The OEC will assess opportunities to launch small scale demonstration projects around specific beneficiary populations participating in education or job training activities tied to improved employment outcomes to evaluate whether or not certain activities are necessary to move individuals and families on a path to self-sufficiency.

The OEC would like to pursue comprehensive services with the Coordinated Access Networks (CANs) across the state that work closely to support homeless individuals and families. Although housing providers and community service members that serve within the CANs know of Care 4 Kids, they are limited in their ability to refer individuals and families to the program due to the strict work requirements. OEC is potentially interested in providing additional supports to the literally homeless population, such as short-term waivers to employment activities if the family is directly referred to Care 4 Kids through the CANs or home visiting, and child care wrap-around services for children who are living in shelters.

The OEC is actively pursuing partnerships with family child care networks to increase the supply of infants and toddlers, by reducing administrative costs of family child care providers through technical assistance, training, and back office support. As OEC works with providers to make infant and toddler care more affordable, the expectation is that providers will pass on the cost savings to families, thereby increasing both access and affordability of care.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system 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 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 section 7.6 to address how quality set-aside funds, if applicable, are used to support a statewide CCR&R system.

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

☐   No. The state/territory does not fund a CCR&R system and has no plans to establish one.
X   Yes. The state/territory funds a CCR&R system. If yes, describe the following:

a)   What services are provided through the CCR&R system?
Connecticut funds a state-wide CCR &R (United Way) to provide information to the public seeking quality affordable child care and to child care providers seeking to offer quality child care services. Activities include:

- **Counseling and consumer education regarding all legal child care options in Connecticut**
- **Developmentally appropriate learning activities based on Connecticut's Early Learning and Development Standards**
- **Researched-based information on the long-term impact of high quality early childhood education on development**
- **Assistance for low income families to access child care and early education services**
- **Maintenance of a referral system to provider services and information to support families and providers**
- **Conducting educational workshops and presentations for child care providers, and parent education activities state-wide (all training content is aligned with the Connecticut's Early Learning and Development Standards and Core Knowledge and Competency Framework);**
- **Providing technical assistance through on-site visits to newly licensed family child care providers.**

b)   How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated.

Connecticut funds United Way of Connecticut to operate the state-wide CCR&R system.

1.8   Disaster Preparedness and Response Plan

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 that, for a

State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1   Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

Connecticut's State Response Framework describes the interaction of state government with local, federal and tribal governments, nongovernmental response organizations and other private sector partners, the media, and the public in implementing emergency response and recovery functions in times of crisis. The Framework describes how the State of Connecticut and its partners will work together to support local governments and their residents in responding to disasters and emergencies. Connecticut's commitment to emergency preparedness and children is founded on Special Act 02-8, An Act Concerning Civil Preparedness and the Needs of Children. More recently Public Act 11-66, An Act Concerning Children Affected by Disaster and Terrorism Public Act requires DEMHS to amend current civil preparedness plans and programs to include planning activities specifically for children and youth in the event of natural or man-made disasters and terrorism. These legislative requirements, and subsequent efforts by the Division of Emergency Management and Homeland Security (DEMHS) and State Agency partners serve to integrate preparedness for children into the State Response Framework and the annual Emergency Preparedness and Practice Initiative.

CT's preparedness efforts are managed by Unified Command, with the ability to scale up or down based on the scope of the disaster. The State agencies that lead response collaborate with the OEC to address the needs of children and child care programs, including for example, ensuring access to the state's mass communication system (CTAlert) to provide notification via email, text and phone; providing GIS mapping to identify licensed providers in disaster affected areas, and/or utilizing the state's R & R vendor to communicate with licensed and CCDF providers to conduct status or damage assessments. Additionally, local communities are required to plan for special locations within the community that may require additional direct warning or may be subject to additional risk related to all hazards planning. Children are a category for which specific local planning must be completed related to the provision of mass care in a large-scale disaster, and related to the inclusion of local child care providers regarding their emergency plans and evacuation procedures, to support response, evacuation, transportation, reunification, mental health, and recovery.

An Office of Early Childhood staff member serves as the Co-chair of the Child Emergency Preparedness Committee (CEPC), a subcommittee of CT's Statewide Emergency Management

and Homeland Security Advisory Council, under DESPP/DEMHS (see reference in State Response Framework). The Advisory Council brings together all aspects of statewide coordination of disaster response and recovery. The CEPC's work emphasizes preparation, response and recovery, is integrated into statewide planning efforts to focus on children's needs during emergency and disaster situations, and disseminates training to schools, early childhood providers, and other organizations serving children. The committee's work is advanced by regional Department of Emergency Services and Public Protection staff who assist in making connections with other Emergency Management leaders at the state and local levels. This connection has been invaluable to the delivery of preparedness training at the local level and the linking of local Emergency Management personnel to the child care programs in their jurisdictions.

Within the Office of Early Childhood, a working group, responsible for management of emergency situations impacting the OEC and its services, is receiving technical assistance from BUILD to further delineate and prepare for emergency response, recovery, and mitigation. This preparation is critical to OEC's successful implementation of continuity of operations activities as we slowly move from operating under the State Department of Education's continuity of operations plan to an OEC specific plan. OEC staff will participate in a peer learning group (PLG), Taking a Critical Look at Child Care Disaster and Emergency Preparedness, Response, and Recovery Plans from May thru August 2018. This effort will refine our internal response protocols as related to our sister agency the State Department of Education and strengthen our internal capacity to manage response, recovery and mitigation. Regardless of this transition from one COOP to another, the OEC is part of statewide response and would implement its continuity of operations plans in conjunction with sister agencies under the direction of Unified Command. This would include, if necessary, operating from the State's Emergency Operations Center.

1.8.2   Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

The Office of Early Childhood would implement a plan for the continuation of child care subsidies and services in response to a disaster or emergency declared by the Governor, if such emergency interrupted the flow of subsidy funds to our vendor, United Way of Connecticut. The OEC has responsibility to make the determination to engage our emergency plan for the processing of funding to UW by considering the:

- duration of the disaster or emergency,

- impact on timing of state payments to UW of CT; and

- communication from UW regarding fund balance.

The United Way of CT has its own plan for continuity of services during a disaster. The UW's division of Child Care services will engage in strategic communication. Provisions for

communication with local child care providers in their respective geographic areas will be made during preparation, response and recovery times. Child Care services will collaborate with OEC child care licensing division and CT Department of Public Health (and/or local health agency) for information sharing. Child Care services will provide information and resources to child care providers about financial assistance available during the recovery phase.

United Way of CT implements several systems to ensure their own continuity of operations within the context of a range of different disasters. UW headquarters has multiple natural gas generators capable of powering the entire data center, all work stations, lights, heat, elevators and AC. Essential workforce has the ability to operate remotely in the event that the building is on-line but not accessible. All servers are virtualized and fully backed up daily onto off-premise systems. These systems have the capacity to be brought up and made operational if needed. We also have access to a cloud-based remote-capable call system that would be implemented in the event that we were not able to utilize our building.

Should there be reason to offer temporary child care in shelters or other non-licensed facilities, the state has provided the Red Cross with five Child Friendly Spaces Kits, to be used to set up a well-supplied temporary safe space for up to 25 children at a time. There are also volunteers trained by Children's Disaster Services to support the use of these kits. The OEC, in collaboration with DEMHS, is exploring the possible expansion of supplies to provide additional kits to staging areas around the state. The State of CT has also purchased and distributed almost 200 porta-cribs to our primary state and regional emergency supply locations.

CT recently amended background check requirements to allow portability, which makes it possible to enlist staff already screened by virtue of their employment in licensed programs, as caregivers in emergency situations.

1.8.3   Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

When the Governor of CT has declared a civil preparedness emergency, legislative authority (Sec. 19a-79. (Formerly Sec. 19-43d). Regulations. Exemptions. Waivers.) allows the Commissioner of the Office of Early Childhood to "waive the provisions of any regulation adopted pursuant to this section if the commissioner determines that such waiver would not endanger the life, safety or health of any child." This secures the state's ability to provide temporary child care services or to waive provisions of regulations to make child care feasible under emergency circumstances.

1.8.4   Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

The OEC addresses these priorities across categories of providers using two strategies. Our child care licensing regulations provide foundational requirements for written plans for licensed homes and centers which are inspected annually.

For center-based programs the following exists in regulation:

- Procedures in place for evacuation: Regulation 19a-79-3a(d)(4)(D).

- Procedures in place for relocation: Regulation 19a-79-3(d)(4)(D).

- **Procedures in place for communication and reunification: Regulation 19a-79-3(d)(4)(A); 19a-79-3(d)(4)(B); 19a-79-3(d)(4)(C); 19a-79-3(d)(4)(D).**
- **Procedure for staff and volunteer emergency preparedness training: 19a-79-3a(b)(7).**

For family child care homes, the following exists in regulation:

- **Procedures in place for evacuation: Regulation 19a-87b-9.**
- **Procedures in place for staff emergency preparedness training: Regulation 19a-87b-9(d)(5)**

Changes to the licensing regulations for family childcare homes are pending so that they are more specific as to the requirements for an emergency plan. Relative providers are required to create and post an emergency plan in their home.

Center and home based providers who receive CCDF funding are required to participate in online training which includes content on preparedness and response, and is aligned with on-ground training delivered by the Child Emergency Preparedness Committee.

The Provider Orientation Program (POP), a required training for all CCDF family home providers, includes content on emergency preparedness and each provider receives the Family Home Provider Emergency Plan Template to complete and post in their home. The template is available at: http://www.ctcare4kids.com/licensedfamilychildcareproviders/

1.8.5   Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

Center and home based providers who receive CCDF funding are required to participate in online training which includes content on preparedness and practice and is aligned with on-ground training delivered by the Child Emergency Preparedness Committee.

Regulations for both center and home based providers require that staff are trained in the preparedness plan for the facility and that drills are practiced regularly. Family home regulations require practice drills on a quarterly basis; center-based programs are required to practice drills monthly.

1.8.6   Provide the link to the website where the statewide child care disaster plan is available:

The State Response Framework is available at
http://www.ct.gov/demhs/lib/demhs/srf_v_4_1.pdf

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. In this section, Lead Agencies will address how information is made available to families 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.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

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 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   Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language:

The OEC contracts with United Way of Connecticut (UWCT) to serve as the state-wide resource and referral agency. There is strong consensus among providers, advocates, and funders that parents and caregivers need to be active participants in the early care and education of their children. Through updates to CT's 2-1-1 Child Care website, families and caregivers will have access to provide information to ensure that their children are safe, healthy, and thriving in their

child care environments. The website will post inspection and compliance information which will help better inform families child care choices.

To ensure that this information is accessible to families for whom English is not their first language, the UWCT employs bilingual child care referral specialists to assist eligible families as well as providing translation services for call center staff for any language. Informational materials and training and technical assistance are also provided in other languages. Finally, the UWCT's website translations all content in multiple languages such as Armenian, French, Hebrew, Italian, Polish, Portuguese, and Spanish.

As indicated in the Agency's Early Care and Education Action Plan, The Office of Early Childhood is also investing in developing more robust communications methods to target families who may be less likely to hear about services currently including targeted outreach campaigns to cultural and linguistic groups in CT using translated messages, developing partnerships with key influencers (religious leaders, cultural organizations, etc.), purchased media (bus ads, targeted social media campaigns, etc.) and "street teams." Key campaigns will include, at minimum 1) infant/toddler care (how to access financial support, the importance of legal care, safe sleep, brain development, etc.) and 2) developmental delays (screening tools and IDEA services).

To facilitate the participation of child care providers with limited English proficiency, the OEC offers many in-person trainings in Spanish as well as English. The online training catalog OEC offers to the field free of charge through CCEI includes trainings in multiple languages as well. The OEC, in its contracting for training and coaching, will seek to recruit and award trainings to racially and culturally diverse technical assistance providers who bring cultural competence to their trainings for our diverse provider community.

As indicated in the Agency's Early Care and Education Action Plan, OEC is developing the analytic capacity to routinely track and act on data that will inform the OEC on additional efforts related to cultural and racial equity in the early care and education field. At minimum, the OEC will begin to monitor and improve policies to 1) expand the capacity of providers speaking different languages to meet the needs of families, 2) identify the additional language and cultural needs of providers for communications and trainings, and 3) assess the success of communications and outreach efforts to identify groups of families who lack sufficient access to information or services because of language or cultural barriers.

2.1.2   Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability:

Connecticut's CCR&R (United Way of Connecticut) tracks child care providers who have experience working with children and families with disabilities. This resource allows families to be connected directly with experienced providers. The Office of Early Childhood's "Help Me Grow" prevention program for families and providers has a TTY machine available for families experiencing hearing loss.

Office of Early Childhood administers Child Development Infoline and "Help Me Grow," a prevention program for children up to age 5, which provides families and providers with a variety of community resources that address a child's behavioral or developmental needs. Families with concerns about their child's development can access the Child Development Infoline and access referral support to help their children receive services, including child care. Help Me Grow facilitates developmental screening in the state using the Ages and Stages program, which helps parents better understand developmental milestones using a monitoring kit that includes questions and age-appropriate activities.

The OEC has conducted preliminary assessments and has identified the fact that families with children who have a disability lack sufficient access to child care. As indicated in the Agency's Early Care and Education Action Plan, the OEC will be launching a series of enhancements to facilitate better support to these families. These will be implemented through a partnership between the IDEA Part C program, child care licensing program, home visiting, and the state pre-k and CCDF program staff — all housed within the OEC.

- **The OEC will expand the Help Me Grow program to include additional staff as well as enhance the technology making screening and activities suggestions more accessible to families, pediatricians, and providers (including an app). Parents and providers will be able to track children's development through our mobile app, and alerts will be sent to the child's pediatrician as well as child care providers. The OEC will be piloting this application and making recommendations for further use.**
- **The OEC will be developing and distributing information about the rights of parents with children who have disabilities — including their rights about accessing child care — to parents, IDEA Part C providers (the Birth to Three Program), home visitors, licensing staff, and child care providers.**
- **The OEC will be implementing policy changes in all of its funding streams to enhance access to children with developmental delays, disabilities, and children with special healthcare needs, through changes to RFP scoring rubrics, program policies and regulations — including the School Readiness policy— and incentive payments.**
- **The OEC will begin a new series of trainings for child care providers to 1) learn how to use the ASQ as a screening tool, 2) gain knowledge of the state's developmental delays services for young children (Birth to Three), and how to partner collaboratively with that staff as partners and coaches for child care teaching staff available for consultative support.**
- **To facilitate access to child care facilities for parents, children, and providers, the OEC is providing funds for facilities infrastructure improvements for infant and toddler capacity expansion and enhancing accessibility.**

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; 98.32).

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:

To file a complaint, parents or any other interested party may call the OEC Complaint Line or complete a Complaint Intake Form found on the OEC website at **http://www.ct.gov/oec/lib/oec/licensing/childcare/complaint_procedure.pdf.** Complaints may be anonymous.

2.2.2   Describe the Lead Agency's process for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

All complaints on licensed and license-exempt center based providers that allege violations of the health and safety requirements are accepted for investigation. All investigations involve an unannounced on-site inspection to review the physical plant, records, interview staff, etc. The OEC collaborates with the Department of Children and Families if the allegations involve abuse/neglect; and collaborates with law enforcement if allegations are criminal in nature.

2.2.3   Describe the Lead Agency's process for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

Complaints on all licensed providers follow the same process identified in 2.2.2 above. Complaints on unlicensed CCDF relatives and family home providers will be referred to the authority which has jurisdiction which may be the Department of Children and Families, local health officials, law enforcement, or others.

2.2.4   Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

The results of all complaints, substantiated and unsubstantiated, are maintained in a database.

2.2.5   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:

Currently, all substantiated complaints within the past three years on licensed providers are posted on the OEC website. It is expected that the updated consumer education website will display all substantiated complaints, including complaints on license-exempt CCDF providers, within the past five years.

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)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding 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 link 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 are considered substantial changes and CCDF Plan Amendments will be required.

2.3.1   Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

The OEC contracts with the United Way of CT to run its state-wide CCR&R, 211 Child Care. 2-1-1 Child Care website provides families with information on child care provider data and links to consumer education materials. The website can be easily navigated; uses titles and taglines effectively; contains content that is simple and concise; uses visuals that enhance the content; and is responsive on mobile devices. Links to chat, call, or email a child care referral specialist are available on all search query results.

Displayed data is updated daily and uses family friendly terminology. Data elements include: Provider name, address, phone, geocache, capacity, ages service, hours of operation, fees, special needs experience, accreditations, school districts, languages spoken and licensing status. Families can use advanced filters to narrow their search by type of care, hours of operation, weekend care, financial assistance, wheelchair accessibility, certification to administer medication, and special needs experience.

Link to Parent Resources, Resources for Early Care Professionals, and Publications and Reports remain visible as a header on the search engine screen. Information is available on topics such as; What Does Quality Look Like?, Selecting a Provider, and Licensing. The Licensing page provides information on child care statues and regulations, the lead agency responsible for licensing child care programs, contact information of that lead agency, visits and inspections, background checks, how to find the complaint history of providers, and links to the licensing website that allows families to search for and view child care provider licensing data. Future enhancements will make inspection and complaint history accessible on the provider search engine.

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)):

2-1-1 Child Care referral specialists are bi-lingual to correspond via phone, email and chat, for all other languages translation services are available.

Most of the consumer education materials are available in Spanish. On the informational parts of the website, a translation feature is prominent in the lower right corner of each page and offers translation in the eight most common languages used by consumers in Connecticut.

2.3.3   Describe how the website ensures the widest possible access to services for persons with disabilities:

All webpages are laid out in a clean and simple format whenever feasible. Although the entire capability of the website will not be utilized by those with some disabilities, the core information is always present on the page in a text readable format.

There is minimal use of tables to ensure that screen readers will be able to read pages in the correct order. All buttons and content are rendered as text to ensure that the content is readable and easy to translate. All text is also designed to be scalable within the browser.

All pages are also designed to be responsive, to be fully rendered on any device from desktop computers to cell phones at any zoom level. The website uses color pairings, background colors, and font size to optimize visual accessibility.

2.3.4   Lead Agency 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 link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6: **http://www.ct.gov/oec/cwp/view.asp?a=4542&q=545162**

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2: Resource for Center-based programs on maintaining licensing compliance:

https://www.youtube.com/watch?v=HSabTScJV5I&feature=youtu.be
Resource for home-based providers on maintaining licensing compliance.
https://www.youtube.com/watch?v=AtuBSGXaCbA&feature=youtu.be

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.6: **http://www.ct.gov/oec/cwp/view.asp?a=4542&q=588634**

2.3.5   List of providers

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

a) Provide the website link to the searchable list of child care providers:
http://www.211childcare.org/

b) Which providers are included in the searchable list of child care providers:

- **X**   Licensed CCDF providers
- **X**   Licensed non-CCDF providers
- **X**   License-exempt center-based CCDF providers
- ☐ License-exempt family child care (FCC) CCDF providers
- **X**   License-exempt non-CCDF providers
- ☐ Relative CCDF child care providers
- ☐ Other. Describe: _____

c) Describe what information is available in the search results. Specify if the information is different for different types of providers:

For all providers, the search engine on 211 Child Care includes provider address, distance from family's residence, Google Map of all providers in the zip code radius, hours of operation, over all capacity, ages served, fees, special needs experience, licensing and accreditation status, languages spoken, and opportunities to chat electronically with a 2-1-1 Child Care Specialist or email.

Additionally, the OEC plans to expand this information to include information about current vacancies, as well as information about funded slots, and openings in funded slots for the OEC's other programs that fund child care such as Child Day Contracts, School Readiness, Smart Start, Even Start, etc.

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) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- ☐ Quality rating and improvement system
- **X**   National accreditation
- ☐ Enhanced licensing system
- ☐ Meeting Head Start/Early Head Start requirements
- ☐ Meeting prekindergarten quality requirements
- ☐ Other. Describe: _____

b) For what types of providers are quality ratings or other indicators of quality available?

- **X** Licensed CCDF providers. Describe the quality information: **National accreditation**
- **X** Licensed non-CCDF providers. Describe the quality information: **National accreditation (NAEYC and NAFCC)**
- **X** License-exempt center-based CCDF providers. Describe the quality information: **National accreditation**
- ☐ License-exempt FCC CCDF providers. Describe the quality information: _____
- **X** License-exempt non-CCDF providers. Describe the quality information: **National accreditation**
- ☐ Relative child care providers. Describe the quality information: _____
- ☐ Other. Describe: _____

2.3.7   Lead Agencies are required to 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 on the consumer education website. These reports must include 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. The reports must be in plain language 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 when available.

Certify by describing:

a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a sample report and summary.

For each violation cited, a brief summary of the requirement is provided in plain language. The website is in the final stages of completion. The OEC, prior to full launch, will conduct focus groups to ensure that feedback is gathered from families and providers on the website to ensure language is consumer friendly, information provided is comprehensive, and the monitoring is clear and easy to understand.

b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries.

At the time an inspection or investigation is closed in the licensing data system, the findings will be viewable on the website. Aggregate data pertaining to deaths and serious injuries will be posted on the website annually.

c) The process for correcting inaccuracies in reports.

Concerned parties may report inaccuracies to the OEC for correction. Depending on the reason for the inaccuracies, the OEC will independently make the correction or request the assistance of the developers who maintain the consumer website.

d) The process for providers to appeal the findings in the reports, including the time requirements.

Child care providers may dispute report findings by discussing the findings with the inspector and if not happy with the results may request a supervisor to review the findings. If still not satisfied, the provider may request a managerial review of the findings. There are no time requirements for disputing findings.

e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe.

Inspection report findings will be posted when an inspection or investigation is closed in the licensing system.

f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv)).

The consumer website will post for five years.

g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years).

The website is designed to remove reports automatically that are over five years old.

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

    X   License-exempt non-CCDF providers
    ☐   Relative child care providers
    ☐   Other. Describe: _____

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 on the consumer education website. The information on serious injuries and deaths should be organized by category of care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status.

Certify by providing:

a) 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.

License-exempt child care and youth camp providers and licensed youth camps are required to report serious injuries and deaths to the CT Office of Early Childhood (OEC). Licensed child care providers must report deaths and hospital admissions. All accepted complaints involving serious injuries or deaths are recorded by OEC. Changes to child care licensing regulations include a requirement that providers must report all serious injuries to the OEC. The OEC is the Lead Agency.

b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

For this requirement, cases of abuse and neglect substantiated by the CT Department of Children and Families are included.

c) The definition of "serious injury" used by the Lead Agency for this requirement.

Diagnosed fracture, diagnosed second and third degree burn, diagnosed concussion, or child admission to the hospital.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.
http://www.211childcare.org/reports/other-reports/

2.3.9   The consumer education website should include contact information on referrals to local child care resource and referral organizations. 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 OEC contracts with United Way of Connecticut (UWCT) as its resource and referral agency and they provide the state's consumer education website. Link to website: http://www.211childcare.org/

2.3.10   The consumer education website should 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. Describe and include a website link to this information: The consumer education website provides a direct link to the Office of Early Childhood's website which is the Lead Agency for the CCDF program.

2.3.11   Provide the website link to the Lead Agency's consumer education website. http://www.211childcare.org/

2.4   National Website and Hotline

The CCDBG Act of 2014 required the U.S. Department of Health and Human Services to establish a national website at ChildCare.gov, which includes a ZIP Code-based search of available child care providers, provider-specific information about the quality of care and health and safety compliance, referrals to local CCR&R organizations, and information about child care subsidy programs and other financial supports available to families (658L(b)). Lead Agencies must also provide a description of how they will respond to complaints submitted through the national website and hotline (98.16(hh)).

2.4.1   Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers.

Complaints received through the national website and hotline are handled like all other complaints received by the OEC. Allegations of violations of the licensing or health and safety requirements are investigated and include an unannounced on-site inspection.

2.4.2   Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline.

The Investigation Unit of the Licensing Division of the CT Office of Early Childhood.

2.5   **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 2.5.1 through 2.5.7, certify by describing:

2.5.1   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 preK, 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.

Information about the full diversity of child care services available to parents of eligible children, providers, and the general public is made through Connecticut's CCR&R (United Way of Connecticut), the Office of Early Childhood's (OEC) website and microsite. The OEC provides materials for families that promote informed child care choices, including consumer-friendly strategies. All information is posted on the OEC's website in html format to allow for translation through the use of the website's Google translator. OEC will be working to enhance the ability of the eligibility workers and CCR&R staff to inform parents of the availability of all state and federally funded financial support for child care (where funded vacancies exist, how to access services, rough eligibility guidance, etc.) through data and website enhancements to provide access to funded vacancies as well as staff training. OEC will engage in active contract management and partnership with CCR&R service providers to connect eligible families with available child care, such as through proactive recruitment of Care4Kids waitlist families into vacant funded slots.

Additionally, information is provided on the Office of Early Childhood's (OEC) website about Care4Kids care subsidy program (Care 4 Kids), as well as information regarding other publicly funded early care and education programs including School Readiness, Child Day Care, Smart Start, federal Head Start, federal Early Head Start Child Care Partnership, and the federal Preschool Development Grant. As indicated in the Agency's Early Care and Education Action Plan, the OEC is rebuilding its core webpage to be more consumer friendly and to better provide information to parents, providers, and the public about the full array of child care options, funding, and services.

2.5.2   The partnerships formed to make information about the availability of child care services available to families.

As indicated in the Agency's Early Care and Education Action Plan, the OEC will be launching additional outreach campaigns to better target eligible families and families with young children to more effectively access child care.

2.5.3   How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description, include at a minimum what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

X   Temporary Assistance for Needy Families program: **The Connecticut's CCR&R (United Way of Connecticut) provides a free confidential statewide call center which operates Monday - Friday 8:00 a.m. - 5:00 p.m. The call center provides families with information about this program. CCR&R also hosts a robust interactive website where information can be found.**

X   Head Start and Early Head Start programs: **The Connecticut's CCR&R (United Way of Connecticut) provides a free confidential statewide call center which operates Monday - Friday 8:00 a.m. - 5:00 p.m. The call center provides families information about this program. CCR&R also hosts a robust interactive website where information can be found.**

X   Low Income Home Energy Assistance Program (LIHEAP): **The Connecticut's CCR&R (United Way of Connecticut) provides a free confidential statewide call center which operates Monday - Friday 8:00 a.m. - 5:00 p.m. The call center provides families information about this program. CCR&R also hosts a robust interactive website where information can be found.**

X   Supplemental Nutrition Assistance Programs (SNAP)Program: **The Connecticut's CCR&R (United Way of Connecticut) provides a free confidential statewide call center which operates Monday - Friday 8:00 a.m. - 5:00 p.m. The call center provides families information about this program. CCR&R also hosts a robust interactive website where information can be found.**

X   Women, Infants, and Children Program (WIC)program: **The Connecticut's CCR&R (United Way of Connecticut) provides a free confidential statewide call center which operates Monday - Friday 8:00 a.m. - 5:00 p.m. The call center provides families information about this program. CCR&R also hosts a robust interactive website where information can be found.**

X   Child and Adult Care Food Program(CACFP): **The Connecticut's CCR&R (United Way of Connecticut) provides a free confidential statewide call center which operates Monday - Friday 8:00 a.m. - 5:00 p.m. The call center provides families information about this program. CCR&R also hosts a robust interactive website where information can be found.**

X   Medicaid and Children's Health Insurance Program (CHIP): **The Connecticut's CCR&R (United Way of Connecticut) provides a free confidential statewide call center which operates Monday - Friday 8:00 a.m. - 5:00 p.m. The call center provides families information about**

this program. CCR&R also hosts a robust interactive website where information can be found.

X   Programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA): Office of Early Childhood administers Child Development Infoline and "Help Me Grow," a prevention program for children up to age 5, which provides families and providers with a variety of community resources that address a child's behavioral or developmental needs. Families with concerns about their child's development can access the Child Development Infoline and access referral support to help their children receive services, including child care. Help Me Grow facilitates developmental screening in the state using the Ages and Stages program which helps parents better understand developmental milestones using a monitoring kit that includes questions and age-appropriate activities. When any possible delay is indicated, families are referred to the state's IDEA programs.

As indicated in the Agency's Early Care and Education Action Plan, the OEC will expand the Help Me Grow program to include additional staff as well as enhance the technology making screening and activities suggestions more accessible to families, pediatricians, and providers (including an app). Parents and providers will be able track children's development through our mobile app and alerts are sent to the child's pediatrician as well as child care providers. The OEC will pilot the use of this application and making recommendations for further use.

- o **The OEC will be developing and distributing information about the rights of parents with children who have disabilities (including their rights about accessing child care) to parents, IDEA Part C providers (the Birth to Three Program), home visitors, licensing staff, and child care providers.**
- o **The OEC will be implementing policy changes in all of its funding streams to enhance access to children with developmental delays, disabilities, and children with special healthcare needs (such as through changes to RFP scoring rubrics, program policies and regulations (including the School Readiness policy), and incentive payments).**
- o **The OEC will begin a new series of trainings for child care providers to 1) learn how to use the ASQ as a screening tool, 2) gain knowledge of the state's developmental delays services for young children (Birth to Three) and how to partner collaboratively with that staff as partners and coaches for child care teaching staff available for consultative support.**
- o **To facilitate parents, children, and providers with disabilities access to child care facilities, the OEC is providing funds for facilities infrastructure improvements for infant and toddler capacity expansion and enhancing accessibility.**

2.5.4   Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include

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

The OEC provides information on our state's birth to age five Early Learning and Development Standards (ELDS) which provides information to families, providers, and the general public on what children should know and be able to do. This information has been provided to programs through webinars, mailing materials, special events, and trainings.

Existing Materials: **The materials which have been previously distributed in hard copy or though events/trainings and are currently housed on the OEC's website and available to all providers include:**

- **The Early Learning and Development Standards (ELDS): A comprehensive, content valid document which outlines eight learning domains and provides information on the skills and abilities children should have and at what ages. The standards are also available electronically in a mobile-friendly format on the website: www.ct.gov/oec/elds. Supplemental ELDS guidance documents have been developed for working with dual language learners, children with special needs, and families.**

- **Family Action Guides: A booklet with family-friendly strategies that engage families in supporting early learning and development at home. These action guides are available in English and Spanish and have been distributed state wide.**

- **Posters: The ELDS posters highlight each of the eight learning domains and can be displayed in programs, libraries, community centers, and pediatric offices as an easy reference.**

- **Principal's Guide provides a summary of the ELDS for school leaders and program directors describing their role in supporting early learning and development.**

- **Guidance Documents: Developed for providers to support English language learners and children with special needs.**

- **Video Library: The OEC contracted with the Center for Early Childhood Education at Eastern Connecticut State University to develop videos and related training materials related to the ELDS. This 10-part video collection provides information and training scenarios on the Connecticut's ELDS with strategies for working with children birth-age 5 in a variety of child care settings. The videos can be accessed on the Center of Early Childhood Education website and are accessible to the general public. Accompanying guidance is available for use of the videos in a variety of professional learning settings such as higher education classrooms, center-based training and coaching sessions, regional and state conferences and webinars. Finally, the Center has developed a searchable web-based library to assist trainers, coaches, program administrators and higher education faculty to support professional learning of providers at career entry to mastery level.**

- **Webinars:** Archived webinars are available on-demand on the OEC's website for principals, program administrators, child care providers and higher education faculty which provide an overview of the ELDS and how the standards can be applied in all settings and sectors.

<u>Current Training:</u> **The OEC also continues to invest in distributing free, to all providers, over 100 online training courses through CCEI/registry. The OEC plans to continue contracting with partners to provide community-based, free in-person and online training on the ELDS and other child development topics.**

<u>Public Information Communications:</u> **As indicated in the Agency's Early Care and Education Action Plan, the OEC is currently developing improved ways to routinely communicate with parents, providers and the general public and build feedback loops to better inform stakeholders and to better include stakeholder feedback in policy setting. OEC is working with communications teams to develop new, routine, ongoing ways to communicate research and best practices (such as ELDS) which may include improved existing provider meetings, ongoing social media campaigns, better designed and utilized distribution lists, better translation practices, improved website content management and design, new newsletters, focused onboarding to share old information with new providers, training of technical assistance providers, etc. Additionally, OEC is developing partnerships to support other sector's increased knowledge of early childhood services and best practices, for example homeless shelters.**

Routine communication topics on child development will include, at minimum:

- **Early Learning Development Standards: Overview, tips, and reminders for incorporating into everyday teaching practices as well as a new supplemental child-level assessment against these standards, DOTS, to support teaching practices.**
- **Best Practices for Family Engagement: OEC and State Department of Education have jointly developed, with the support of the Early Childhood Funder's Collaborative, a definition and best practices paper on high impact family engagement that focuses on relationships and partnership with families. OEC will support delivery of these best practices.**
- **Healthy Eating and Physical Activity: OEC has participated in the "I Am Moving" campaign and will continue to share best practices for nutrition and physical activity.**

2.5.5   Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models 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.

Existing Materials and Strategies:

- OEC worked with Connecticut State University to develop a series of videos for child care providers concerning children's social and mental health needs. These videos are posted on the Center for Early Childhood's website and are available to the public.

- The OEC also partnered with the Connecticut Health and Development Institute (CHDI) to develop training tools for child health care providers on infant mental health and maternal depression. These tools were utilized in workshops for pediatricians.

- The OEC's "Help Me Grow" staff regularly hosts community networking breakfasts that bring together the general public to share information.

- **OEC has funded the work of the Association of Infant Mental Health to provide trainings, an infant mental health credential, and materials.**

- **The OEC also continues to invest in distributing free, to all providers, over 100 online training courses through CCEI/registry. The OEC plans to continue contracting with partners to provide community-based, free in-person and online training on social/emotional and behavioral issues.**

- **The state currently provides limited access to the Early Childhood Consultation Partnership (ECCP) for providers and expanded access through the Preschool Development Grant to providers.**

- **OEC's home visiting program was awarded an Innovation Grant to develop online trainings for the field which include a focus on infant mental health and social-emotional development and issues.**

Public Information Communications: As indicated in the Agency's Early Care and Education Action Plan, the OEC is currently developing improved ways to routinely communicate with parents, providers and the general public and build feedback loops to better inform stakeholders and to better include stakeholder feedback in policy setting. Additionally, OEC is developing partnerships to support other sector's increased knowledge of early childhood services and best practices, for example homeless shelters. OEC is working with communications teams to develop new, routine, ongoing ways to communicate about social-emotional and behavioral issues and early childhood mental health of young children, which may include improved existing provider meetings, ongoing social media campaigns, better designed and utilized distribution lists, better translation practices, improved website content management and design, new newsletters, focused onboarding to share old information with new providers, and training of technical assistance providers.

Routine communication topics on child development will include, at minimum:

- **How to access available supports: OEC will continue to offer a changing menu of available supports to providers including online trainings, ECCP, in person trainings and**

- **Best Practices for Family Engagement: OEC and State Department of Education have jointly developed, with the support of the Early Childhood Funder's Collaborative, a definition and best practices paper on high impact family engagement that focuses on relationships and partnership with families. OEC will support delivery of these best practices.**
- **Healthy Eating and Physical Activity.**

2.5.6 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 OEC Early Care and Education Division is working with 15 School Readiness communities to pilot a policy to reduce suspensions and expulsions in state funded pre-k programs. The policy requires School Readiness Councils to develop a Memorandum of Understanding with their local or regional board of education regarding the board's multi-tiered system of support and to collect data that can be shared cross-agency to show a reduction in suspensions and expulsions in the earliest years.

2.6   Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA),, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. 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)). 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)).

2.6.1 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)).

Office of Early Childhood funds Child Development Infoline and "Help Me Grow," a prevention program for children up to age 5, which provides families and providers with a variety of community resources that address a child's behavioral or developmental needs. Families with concerns about their child's development can access the Child Development Infoline and access referral support to help their children receive services, including child

care. Help Me Grow facilitates developmental screening in the state using the Ages and Stages program which helps parents better understand developmental milestones using a monitoring kit that includes questions and age- appropriate activities.

Additionally, the Department of Social Services (DSS) has notified all physicians, physician assistants, advanced practice nurses, medical clinics, outpatient general hospitals and federally qualified health centers regarding best practices and approved screening tools for developmental and behavioral screens administered as part of a primary care visit.

The OEC has conducted preliminary assessments and has identified the fact that families with children who have a disability lack sufficient access to child care. As indicated in the Agency's Early Care and Education Action Plan, the OEC will be launching a series of enhancements to facilitate better support to these families. These will be implemented through partnership between the IDEA Part C program, child care licensing program, home visiting, and state pre-k and CCDF programs staff — all housed within the OEC.

- The OEC will expand the Help Me Grow program to include additional staff as well as enhance the technology, making screening and activities suggestions more accessible to families, pediatricians, and providers (including an app). Parents and providers will be able track children's development through our mobile app, and alerts are sent to the child's pediatrician as well as child care providers. The OEC will pilot the use of this application and make recommendations for further use.

- The OEC will be developing and distributing information about the rights of parents with children who have disabilities (including their rights about accessing child care) to parents, IDEA Part C providers (the Birth to Three Program), home visitors, licensing staff, and child care providers.

- The OEC will be implementing policy changes in all of its funding streams to enhance access to children with developmental delays, disabilities, and children with special healthcare needs (such as through changes to RFP scoring rubrics, program policies and regulations — including the School Readiness policy — and incentive payments.

- The OEC will begin a new series of trainings for child care providers to 1) learn how to use the ASQ as a screening tool, 2) gain knowledge of the state's developmental delays services for young children (Birth to Three) and how to partner collaboratively with that staff as partners and coaches for child care teaching staff available for consultative support.

- To facilitate parents, children, and providers with disabilities access to child care facilities, the OEC is providing funds for facilities infrastructure improvements for infant and toddler capacity expansion and enhancing accessibility.

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 Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

On the United Way of Connecticut's (CT's CCR&R) website, family friendly information regarding EPSDT is available. http://uwc.211ct.org/epsdtwell-child-visits/
Also DSS Provider Bulletin 2015-70 was sent to all healthcare providers in November 2015.

Additionally, when a family is engaged in Help Me Grow or Child Development Infoline, funded by the OEC, care coordinators are trained to listen and ask questions that identify developmental needs and resources. A child development care coordinator reviews the questionnaires and provides the parents with the results. If the coordinator has a concern about the child's development, he or she will suggest services or an evaluation and help the family through the process. If a child is facing behavioral, learning or other developmental difficulties, child development community liaisons will identify resources available in the family's community, making up to 12 calls to community agencies to find the right programs or services, including referrals to EPSDT services.

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.

All CCDF families and child care providers have access to the resources and services described above. As indicated in the Early Care and Education Action Plan, the OEC is building additional resources on screening and supports for developmental delays, including the strategies detailed in section 2.1. Additionally, the OEC plans to develop modifications to its Care4Kids intake process to ensure that parents are receiving information about developmental screenings and services, such as modifications to the application, intake questions, or mailings to parents upon application.

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.

All CCDF families and child care providers have access to the resources and services described above. As indicated in the Early Care and Education Action Plan, the OEC is building additional resources on screening and supports for developmental delays, including the strategies detailed in section section 2.1.

e) How child care providers receive this information through training and professional development.

Child care providers receive information on developmental screen through a variety of ways. Currently, the 2-1-1 Child Care website has resources on developmental milestones and the Ages and Stages Screening tool. Also, community trainings are held on developmental screening which include training the use of the Ages and Stage Screening tool. As indicated in the Early Care and Education Action Plan, the OEC is building additional resources on screening and supports for developmental delays, including the strategies detailed in section section 2.1.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

The OEC plans to write a policy transmittal to change procedures for eligible workers at United Way to begin adding information about developmental screening to provider welcome packets and family application communications.

2.7   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. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.7.1   Certify by describing:

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

The Care 4 Kids program will include on the Notice of Eligibility that goes out to families after they are approved for subsidy the following statement: Care 4 Kids subsidy program is designed to promote equal access to families. You can find important information about how to select a provider that meets licensing and quality standards at 211 Child Care 1-800 505-1000 or www.211childcare.org. The 211 Child Care website includes links to program profiles with detailed information on quality, health and safety, and regulatory requirements for the program you will be choosing for your child.

b) What is included in the statement, including when the consumer statement is provided to families.

The Care 4 Kids program will include on the Notice of Eligibility that goes out to families after they are approved for subsidy the following statement: Care 4 Kids subsidy program is designed to promote equal access to families. You can find important information about how to select a provider that meets licensing and quality standards at 211 Child Care 1-800 505-1000 or www.211childcare.org. The 211 Child Care website includes links to program profiles with detailed information on quality, health and safety, and regulatory requirements for the program you will be choosing for your child. The CCRR has a website that will include a consumer statement that covers the following items:

- **How to contact the hotline to file a complaint with the licensing agency**
- **Licensing requirements**
- **Listing of CCRR services and contact methods**
- **Quality indicators and accreditation**
- **Link to search engine for provider profile details**

    Detailed profiles of child care providers available on web based search engine that contains the following information that can be viewed and/or printed:

- **Accreditation status**

- **Licensing status**

- **Health & safety training completion**

- **Date of last inspection**

- **History of violations and inspections**

  As indicated in the Early Care and Education Action Plan, the OEC is improving communications with families and is having communications to families from the Care4Kids program reviewed for clarity, format, and tone.

c) Provide a link to a sample consumer statement or a description if a link is not available.

  The Care 4 Kids program will include on the Notice of Eligibility that goes out to families after they are approved for subsidy the following statement: Care 4 Kids subsidy program is designed to promote equal access to families. You can find important information about how to select a provider that meets licensing and quality standards at 211 Child Care 1-800 505-1000 or www.211childcare.org. The 211 Child Care website includes links to program profiles with detailed information on quality, health and safety, and regulatory requirements for the program you will be choosing for your child.

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 periods, 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 not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

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. This type pf 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.

3.1   Eligible Children and Families

At the time when eligibility is determined, 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)).

3.1.1   Eligibility criteria based on a child's age

a) The CCDF program serves children from <u>0</u> (weeks/months/years) to<u>12</u> years (through age 12). *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

X   Yes, and the upper age is <u>18</u> (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical or mental incapacity: **The OEC's definition of physically and/or mentally incapable of self-care is: (a) a physical handicap or health impairment that causes chronic or acute health problems such as a heart condition, orthopedic impairment, tuberculosis, asthma, epilepsy, cerebral palsy, leukemia, or congenital abnormality that has been diagnosed by the physician; (b) an intellectual incapacity or spectrum disorder as diagnosed by a physician, pediatrician, or psychologist; and (c) a behavioral or emotional disturbance, maladjustment or developmental delay that causes the child to exhibit marked and inappropriate behaviors or characteristics over extended periods that has been diagnosed by a psychologist, psychiatrist, or other clinically trained or state certified mental health professional acting within his or her scope or practice.**

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))?

X   No

☐   Yes, and the upper age is _____ (may not equal or exceed age 19).

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

"residing with": **means living with on a regular basis, including taking meals together and sleeping in the same home.**

"in loco parentis": **means a person with whom the child lives who is responsible for the day-to-day care and custody of the child when the child's parent by blood, marriage, adoption or court order is not performing such duties.**

3.1.2   Eligibility criteria based on reason for care

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working": **means employment in one or more jobs as an employee of another individual, a partnership, corporation or self-employment for which compensation is paid in the form of earned income.**

"Job training": **means enrollment in and regularly attending classes or compliance with the mandatory employment services requirements of the TANF program, including being available for work, reporting for interviews, attending group or individual orientation sessions and satisfactory participation in employment service activities. The OEC is interested in working with DSS and DOL to assess the costs and benefits of expanding the definitions to align with other federal programs, such as WIOA and the SNAP Education and Training programs.**

"Education": **Education must meet employment services activities such as, GED, adult education, and technical/vocational secondary school leading to a diploma or certificate, and higher education as approved by the Office of Early Childhood and the Department of Labor. OEC is exploring options to pilot demonstration projects to assess the possibility of broadening the definition of education to include attainment of educational credentials in targeted industries to assess long-term outcomes attainment such as wage growth and sustained quarters of employment which are tied to families' ability to move towards economic stability.**

"Attending job training or education" (e.g. number of hours, travel time): **Attending job training means enrollment in and regularly attending classes or compliance with the mandatory employment service requirements of the TANF program, including being available for work, reporting for interviews, attending group or individual orientation sessions and satisfactory participation in employment service activities. OEC is exploring other areas of alignment with job training and education through the SNAP Education and Training Program and WIOA definitions as well.**

Education must meet employment services activities such as high school, GED, adult education, and technical/vocational secondary school leading to a diploma or certificate, and higher education as approved by the Office of Early Childhood and the Department of Labor.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☐ No. If no, describe the additional work requirements: _____

X Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity: **A three-month job search is provided to all families that experience a job loss during the family's 12-month eligibility period.**

c) Does the Lead Agency consider engaging in a job search or seeking employment an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination (must provide a minimum of 3 months)?

X No.
☐ Yes. If yes, describe the policy or procedure. _____

d) Does the Lead Agency provide child care to children in protective services?

X No.
☐ Yes. If yes:
  i. Please provide the Lead Agency's definition of "protective services": _____

> *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.

  ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

    X No

    ☐ Yes

  iii. 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 (658E(c)(5))?

    X No

    ☐ Yes

  iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

    X No

    ☐ Yes

3.1.3 Eligibility criteria based on family income

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination? **Countable income: Gross income less allowable deductions and excluded income; Earned income: Compensation for personal services, including but not limited to wages, salaries, commissions, and bonuses.**

b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *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. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).

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)). _____

Family Size	(a) 100% of SMI ($/Month)	(b) 85% of SMI ($/Month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) ($/Month) Maximum "Entry" Income Level if Lower Than 85% of Current SMI	(d) (IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	4773	4057	2339	49%
2	6242	5306	3059	49%
3	7710	6554	3778	49%
4	9179	7802	4498	49%
5	10648	9051	5218	49%

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-im2017-03.

d) SMI source and year **2017 https://liheapch.acf.hhs.gov**

e) What was the date that these eligibility limits in column (c) became effective?
October 1, 2017

f) Provide the citation or link, if available, for the income eligibility limits.
http://www.ctcare4kids.com/wp-content/uploads/2012/04/2017-2018-SMI.pdf

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). **The family certifies their household asset limit on the Care 4 Kids application and redetermination form.**

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?

   X   No.
   ☐   Yes. If yes, please identify the policy or procedure: _____

3.1.5   Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

Currently, the agency has established regulations governing the prioritization for child care funding. (Sec. 17b-749-08.) which requires that families' applications be accepted in the order of priority groups, which may be amended from time to time.

The current priority groups are:

Priority Group 1. Parents receiving TFA cash assistance who are employed or participating in an approved employment services activity and working parents who are completing an approved employment services activity that started before the family's TFA cash assistance was discontinued pursuant to subdivision (e)(3) of section 17b-749-04 of the Regulations of Connecticut State Agencies;

Priority Group 2. Working parents whose cash assistance benefits were discontinued within six calendar months prior to the date of application for CCAP;

Priority Group 3. Parents under the age of twenty not receiving cash assistance who attend high school;

Priority Group 4. Working parents with gross countable family income below fifty percent of the state median income;

Priority Group 5. Working parents with gross countable family income between fifty and seventy-five percent of the state median income who request assistance for a child who was adopted from the Department of Children and Families (currently inactive); and

Priority Group 6. All other working parents with gross countable family income between fifty and seventy-five percent of the state median income. (Currently inactive)

Due to the increase in per-family costs for the program associated with the new federal regulations, the Care4Kids program is likely to operate with a waitlist for services, even with the new federal funds allocated to states. Connecticut has found that operating with a waitlist has disproportionately affected infants, who begin life at the end of the waitlist under current regulations. In the past year six infants have died in illegal care and 2 homeless infants have died. As indicated in the Early Care and Education Action Plan, the OEC is pursuing legislation to allow for a modified prioritization of families that will correct this exceptional public need to protect infants and other vulnerable children as identified in this plan.

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)). Examples include partnering with Head Start, prekindergarten, or other high-quality programs to create a package of arrangements that accommodates parent's work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the Lead Agency's policies and procedures that take into consideration children's development and learning and that promote continuity of care when authorizing child care services.
Co-Funding:

The OEC currently allows all families receiving a subsidy and enrolled in a state funded early childhood program to utilize all program service to ensure high quality setting and continuity of care and for programs to receive Care4Kids and other state early care and education funds simultaneously. All state funded programs are required to maintain national accreditation and head start approval. Link to OEC General Policy B-02 on Fee Schedule and Per Child contribution. **http://www.ct.gov/oec/lib/oec/gp_b-02_fee_guidance-jan_2017.pdf**

The exception is that Head Start programs are unable to access Care4Kids for the same care hours to supplement funding for high quality services. The OEC has proposed in other sections of this plan, to waive the family fee for families under the Federal Poverty Level, which would allow Head Start the same opportunity to co-fund child care with Care4Kids. This allows children in highest need municipalities to access higher quality care to support their development, as well as allowing for "wrap around" hours when those accredited programs' schedules do not align with family work schedules.

Active Case Management and Improved Intake Process: As stated in the Early Care and Education Action Plan, the OEC seeks to increase the agency's support to families with additional stressors as well as infants and toddlers. As part of this commitment, the OEC plans to convene a workgroup to focus on the family experience of applying for Care4Kids. This workgroup will identify improvements to the eligibility process to better meet family needs, such as exploring active case management for child care for families and children with multiple risk factors, proactive referral to state-funded pre-k, and other child care programs.

3.1.7   Graduated phase-out of assistance.

Lead Agencies are required to provide for 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. 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 establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing 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)).

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 copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay 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 level at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

☐ The Lead Agency sets the second eligibility threshold at 85 percent of SMI.
- Describe the policies and procedures. _____
- Provide the citation for this policy or procedure. _____

X The Lead Agency sets the second eligibility threshold 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.
- Provide the second eligibility level for a family of three. ___$59,216___
- Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family: **The Office of Early Childhood utilized data from the United Way ALICE Project Report 2016 to confirm the second eligibility threshold. The ALICE Project calculates a Household Survival Budget based on the average actual costs of basic necessities (housing, child care, food, health care, and transportation) in Connecticut, adjusted for different counties and household types.**

ii. 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 cost of living in Connecticut is high. Based on the ALICE Report calculations, the average Household Survival Budget for a household of 3 would be $59,216. This annual budget accounts for cost of household basics such as housing, child care, food, transportation, health care, taxes, and other miscellaneous essentials.**

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption: This level would allow a family to continue accessing child care while maintaining a basic survival budget for the family.

iv. Provide the citation for this policy or procedure:

This policy has not yet been implemented as final economic analysis of the change requires completion. Final components of analysis include:

- **Assessing the total cost of the proposal after rate increases. Before implementing this policy, the OEC is working to assess the impact of this change on the existing program in order to avoid another major closure of the program, as happened after the 12 month redetermination policy. The OEC has determined that increasing the rates which are far out of compliance should be implemented as a first priority.**

- **Assessing the potential unintended consequences of a graduated phase out cap much higher than the initial eligibility cap on family economic stability. During the closure to the program to all families except those on TANF, families, seeking access to care, lost employment in order to qualify for Care4Kids. The OEC's focus on 2-generational outcomes put priority on family economic stability and all of the factors that contribute to this.**

- **The impact on lower income families. A dramatically increased caseload on the program from existing families who have earned more will result in dramatically reduced new enrollment for infants and toddlers and lower income families.**

b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☐ No
X Yes

    i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.
The OEC is still finalizing its graduated phase out rules but is considering copays that increase over time during the graduated phase out such as a reduction of 25% of state support each quarter during the graduated phase out.

    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 3.3.3 of the plan.)

X No.
☐ Yes. Describe: _____

3.1.8 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)). 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 SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)).

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Gross income shall be calculated based on the best estimate of the income the family is expected to receive over the course of the year. Income received monthly, or over a more frequent period, shall be annualized based on the amount received in the four week period immediately prior to the date of the income calculation. If the income fluctuates in an unpredictable manner, the income shall be averaged over a longer, more representative period. If income is received regularly according to a schedule, the income shall be annualized based on such schedule.

As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility and intake process. The OEC intends to incorporate providers and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible.

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)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

X Applicant identity. Describe:
Applicants apply by mail, fax, or by dropping off materials. Since face-to-face interviews are not required, applicants who are not already known to the agency through the TANF, SNAP, or medical programs must provide a photo ID. As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility and intake process. The OEC intends to incorporate providers and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible.

OEC has already developed data sharing on TANF enrollment to reduce reporting burden on families. As part of the agency's effort to reduce family and provider burden on compliance and reporting, the OEC is seeking to develop additional automatic eligibility data feeds that families can use for other required documentation, where possible.

X Applicant's relationship to the child. Describe:
Applicant is not required to be related to the child.

X Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: **Verification is only required if the child is not already known through the TANF,**

SNAP, or medical programs. Child information can be verified by birth certificate, or school and medical records of other agencies and entities. As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility and intake process. The OEC intends to incorporate providers and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible.

OEC has already developed data sharing on TANF enrollment to reduce reporting burden on families. As part of the agency's effort to reduce family and provider burden on compliance and reporting, the OEC is seeking to develop additional automatic eligibility data feeds that families can use for other required documentation, where possible.

X Work. Describe:

Employment is verified by wage receipts, employment letters, verification forms sent directly to employers, self-declared self-employment forms, IRS tax, and business records. As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility and intake process. The OEC intends to incorporate provider and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible. OEC has already developed data sharing on TANF enrollment to reduce reporting burden on families. As part of the agency's effort to reduce family and provider burden on compliance and reporting, the OEC is seeking to develop additional automatic eligibility data feeds that families can use for other required documentation, where possible.

X Job training or educational program. Describe:

TANF Job Training or Educational Programs are verified through the Department of Labor's online data system. High school attendance is verified by school letters, student class schedules, and progress reports.

As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility and intake process. The OEC intends to incorporate provider and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible. OEC has already developed data sharing on TANF enrollment to reduce reporting burden on families. As part of the agency's effort to reduce family and provider burden on compliance and reporting, the OEC is seeking to develop additional automatic eligibility data feeds that families can use for other required documentation, where possible.

X Family income. Describe:

Earnings are verified by wage receipts, employment letters, forms sent directly to employers, self-declared self- employment forms, IRS tax, and business records or Equifax Verification Services. Unearned income is verified by Department of Social Services online

data base, award letters, copies of benefit checks, or the Department of Labor online database. As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility and intake process. The OEC intends to incorporate provider and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible.

OEC has already developed data sharing on TANF enrollment to reduce reporting burden on families. As part of the agency's effort to reduce family and provider burden on compliance and reporting, the OEC is seeking to develop additional automatic eligibility data feeds that families can use for other required documentation, where possible.

X   Household composition. Describe: **The applicant's statement is accepted unless it presents a conflict. If there is a conflict, acceptable forms of verification include a landlord's statement, a copy of a lease, school records or records of other agencies, a third party statement, and quality control investigations.**

X   Applicant residence. Describe: **The applicant's statement is accepted upon application.**
☐   Other. Describe: _____

3.1.10   Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

X   Time limit for making eligibility determinations. Describe length of time
30 days from receipt of a properly completed application form

X   Track and monitor the eligibility determination process

X   Other. Describe
The Application process in accordance with Connecticut General Statutes Section 17b-749-09 (c) is as follows: Application Processing

1. Applications shall be processed, and eligibility determined within 30 days of the date that the CCAP administrator receives the application form, unless otherwise specified in this subsection. The first day of the processing period shall begin on the day following the date the application form was received. The parent shall be notified of the eligibility decision in accordance with the requirements of Section 17b-749-07 of the Regulations of Connecticut State Agencies. The provider shall also be notified if a completed child care agreement form was submitted with the application.

2. Eligibility shall be determined when sufficient information exists to determine if the family is eligible or ineligible. If the application is incomplete, the CCAP administrator shall issue a notice to the parent requesting the missing information. The parent shall be given

a minimum of 15 days from the date the notice is issued to return the information to the CCAP administrator. The first day of the 15-day period begins on the day the notice was issued.

3. If the parent has not selected a provider by the time eligibility is determined, the CCAP administrator shall determine if the family is eligible for the program without regard to eligibility for payments. The parent shall be notified of the decision and informed that eligibility will be terminated if a provider is not selected and the information needed to enroll the provider is not submitted within 30 days. The CCAP administrator shall determine if a child is eligible for payment within ten days of the date the provider information is submitted. The family shall become ineligible if the information needed to determine payment eligibility for at least one child is not submitted within 30 days of the date assistance was granted.

4. Incomplete applications shall be denied only if the parent has been given at least 15 days to comply with an initial request for missing information.

5. Parents shall be given additional time to respond to a request for missing information if good cause exists for not providing the information in accordance with the requirements of subsection (e) of section 17b-749-06 of the Regulations of Connecticut State Agencies. Applications that remain incomplete after the 15-day notice period has expired shall be processed without regard to the missing information if good cause does not exist. If eligibility has not been established, the application shall be denied and the parent notified.

6. The processing period shall be extended beyond 30 days under the following conditions as long as the parent continues to cooperate with the application process:
a. If good cause exists for not providing verification in accordance with the requirements of subsection (e) of section 17b-749-06 of the Regulations of Connecticut State Agencies, and the delay causes the application to remain pending for more than 30 days;
b. If the parent or provider was not given at least 15 days to respond to an initial request for information; c. If the parent responds timely to a request for missing information and the information submitted is either incomplete or requires additional verification before the application can be processed; or d. If the CCAP administrator has assumed responsibility for obtaining missing information and has not been able to obtain the information.

7. The application shall continue to be processed if a good cause extension is granted or while the CCAP administrator is waiting to obtain additional verification. The extension shall continue for as long as necessary provided that the parent continues to cooperate and responds to written requests for verification in a timely manner. Additional verification or re-verification of circumstances that have already been verified may be

required if the application remains pending more than 30 days. The delay in processing the application shall be considered the responsibility of the parent as long as the CCAP administrator has taken prompt action to request the missing information in time to process the application within 30 days.

As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility and intake process. The OEC intends to incorporate providers and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible. OEC has already developed data sharing on TANF enrollment to reduce reporting burden on families. As part of the agency's effort to reduce family and provider burden on compliance and reporting, the OEC is seeking to develop additional automatic eligibility data feeds families can use for other required documentation, where possible.
In particular, the OEC plans to bring in a national consulting firm specializing in streamlining and improving eligibility and intake processes to be more family friendly, efficient, and effective.

3.1.11   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:
   Department of Social Services

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

   - "Appropriate child care": **Appropriate child care means care that meets the health and safety standards that are required for providers who receive payments under the provisions of the Child Care Assistance Program (CCAP), as mandated by Connecticut General Statutes, Section 17b-749.**

   - "Reasonable distance": **Reasonable distance means care that can be accessed by public transportation that is available to the client without interfering with the**

parent's ability to maintain employment. If transportation is not available, child care must be within reasonable walking distance from the person's home.

- "Unsuitability of informal child care": **Unsuitable informal care means care that is exempt from State's licensing requirements but does not meet the health and safety standards described above or is otherwise shown to be unsafe or inappropriate for the child.**

- "Affordable child care arrangements": **Affordable child care arrangements means the cost of care (after subsidies) is no more than ten percent of family's total income.**

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

    X   In writing

    X   Verbally

    ☐   Other. Describe: _____

d) Provide the citation for the TANF policy or procedure: **Connecticut State Department of Social Services Uniform Policy Manual transmittal UP-11-04 8500.**

3.2   **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 (i.e., 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).

3.2.1   Describe how the Lead Agency will prioritize or target child care services for the following children and families.

   a.   How does the Lead Agency define "children with special needs" and include a description of how services are prioritized.

       Special Needs Definition: Special needs is defined as a child under the age of nineteen who meets the requirements of subsection (b) of Section 17b-149 of the Regulations of Connecticut State Agencies. A child shall be considered to have special needs if the child's independence, self-sufficiency and safety is dependent on others and the child requires extra supervision, care or assistance in the child care setting due to the following physical, mental, behavioral or emotional conditions, including, but not limited to: (a) a physical handicap or health impairment that causes chronic or acute health problems such as a heart condition, orthopedic impairment, tuberculosis, asthma, epilepsy, cerebral palsy, leukemia, or congenital abnormality that has been

diagnosed by the physician; (b) intellectual incapacity or spectrum disorder as diagnosed by a physician, pediatrician, or psychologist; (c) a behavioral or emotional disturbance, maladjustment or developmental delay that causes the child to exhibit marked and inappropriate behaviors or characteristics over extended periods that has been diagnosed by a psychologist, psychiatrist, or other clinically trained or state certified mental health professional acting within his or her scope or practice; (d) a speech, vision, or hearing impairment that has been diagnosed by a physician or state certified health care professional acting within his or her scope; (e) multiple handicaps that cause problems or interfere with the child's ability to function in the child care setting without extra care or supervision.

Prioritization on Services: Currently, the OEC provides a financial incentive to accept children with special needs. The agency has established regulations governing the prioritization for child care funding. (Sec. 17b-749-08.) which requires that families applications be accepted in the order of priority groups, which may be amended from time to time. The current priority groups are:

Priority Group 1. Parents receiving TFA cash assistance who are employed or participating in an approved employment services activity and working parents who are completing an approved employment services activity that started before the family's TFA cash assistance was discontinued pursuant to subdivision (e)(3) of section 17b-749-04 of the Regulations of Connecticut State Agencies;

Priority Group 2. Working parents whose cash assistance benefits were discontinued within six calendar months prior to the date of application for CCAP;

Priority Group 3. Parents under the age of twenty not receiving cash assistance who attend high school;

Priority Group 4. Working parents with gross countable family income below fifty percent of the state median income;

Priority Group 5. Working parents with gross countable family income between fifty and seventy-five percent of the state median income who request assistance for a child who was adopted from the Department of Children and Families (currently inactive); and

Priority Group 6. All other working parents with gross countable family income between fifty and seventy-five percent of the state median income. (Currently inactive).

Due to the increase in per-family costs for the program associated with the new federal regulations, the Care4Kids program is likely to operate with a waitlist for

services, even with the new federal funds allocated to states. Connecticut has found that operating with a waitlist has disproportionately affected infants, who begin life at the end of the waitlist under current regulations. In the past year, six infants have died in illegal care, and 2 homeless infants have died. As indicated in the Early Care and Education Action Plan, the OEC is pursuing legislation to allow for a modified prioritization of families that will correct this exceptional public need to protect infants and other vulnerable children as identified in this plan, as well as would allow for prioritization of children with special needs. The OEC will take into consideration analysis and a public feedback process before finalizing any further prioritization.

a) How does the Lead Agency define of "families with very low incomes" and include a description of how services are prioritized:

The regulations do not currently define "families with very low income" for the purposes of program eligibility or prioritization. However, priority is given to families receiving Temporary Assistance for Needy Families (TANF) who are employed or in an approved Jobs First Employment Services Activities (JFES) over other eligible CCDF families, as indicated in the previous section as they are considered to be Priority Group 1. Families recently on TANF are Priority Group 2. For families in poverty who do not fall within these priority groups, the legislation that OEC is pursuing to allow for new waitlist rules would allow the OEC to begin further prioritization based on additional risk factors such as homelessness. The OEC will take into consideration analysis and a public feedback process before finalizing any further prioritization.

c) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF:

Currently, children who are experiencing homelessness are not prioritized for enrollment unless they are also in one of the Priority groups 1-3. The legislation that OEC is pursuing to allow for new waitlist rules would allow the OEC to begin further prioritization based on additional risk factors such as homelessness. The OEC will take into consideration analysis and a public feedback process before finalizing any further prioritization.

d) Describe how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)):

Families on the TANF program and those formerly on TANF are prioritized above all other families, as they are defined as Priority Group 1 and 2 for program eligibility.

3.2.2 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 TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless

children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

With regard to immunization documentation, license-exempt programs and licensed youth camps are provided a 90-day waiver for children experiencing homelessness. A legislative proposal to provide the same provision to licensed child care programs is pending. Additionally, OEC is interested in providing additional enrollment supports to the homeless population, such as short-term waivers to employment activities, expedited processing, and potentially 3 months of presumptive eligibility, and a 3 month waiver for non-health documentation for homeless families.

b) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families.

Connecticut is investing in a more thorough outreach process to inform families of the Care4Kids program. Part of this investment will include "high touch" partnership to key influencers in the community, particularly those that serve the most isolated families, such as homeless families, to ensure they are aware of the program. For example, Connecticut has eight Coordinated Access Networks (CANs) which service providers work together to streamline and standardize the process for individuals and families experiencing homelessness to access assistance to resources. The OEC will partner with CAN teams to refer families directly to the Care 4 Kids program. The OEC will also consider other strategies, such as data matching with sister state agencies to identify homeless families.

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)).

Lead Agencies must establish a grace period that allows homeless children 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)).

a) 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:

X   Children experiencing homelessness (as defined by CCDF). While Care4Kids regulations allow for a 60 day grace period of immunizations, CT's licensing regulations also govern if a family can enroll in child care.

With regard to immunization documentation for licensing, license-exempt programs and licensed youth camps provide a 90-day waiver for children experiencing homelessness. A legislative proposal to provide the same provision to licensed child care programs is pending. OEC will pursue methods to extend these same waivers to children in foster care.

Provide the citation for this policy and procedure.
Sec. 17b-749-11. of regulations for Care4Kids

X   Children who are in foster care.

With regard to immunization documentation, license-exempt programs and licensed youth camps are provided a 90-day waiver for children experiencing homelessness. A legislative proposal to provide the same provision to licensed child care programs is pending. OEC will pursue methods to extend these same waivers to children in foster care.

Provide the citation for this policy and procedure. _____

b) 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 OEC has collaborated with the CT Department of Public Health to make the request form for obtaining children's immunization records via Connecticut's immunization system to facilitate compliance with immunization requirements readily accessible on the licensing website, thereby minimizing provider and family reporting burden to find immunization records. **OEC is pursuing other ways to support families for whom health documentation provides a barrier to enrollment in child care. For example, partnership with Federally Qualified Health Centers to provide required health services may also be considered.**

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

X   No.
☐ Yes. Describe: _____

3.3   Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 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 SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, 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; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; 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; any changes in age, including turning 13 years old during the 12-month eligibility period; and any changes in residency within the state, territory, or tribal service area.

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

Connecticut General Statute: PA 15-227 changes the eligibility period to 12 months. Below defines circumstances that are considered temporary. The definition of temporary was issued in a Program Operations Policy Transmittal (C4K-pol-16-02) to United Way on February 19, 2016.

b) How does the Lead Agency define "temporary change?"

- **any time-limited absence from work for employed parents for periods of family leave or sick leave;**

- **any interruption in work for a seasonal worker;**

- **any reduction in work, an approved training, or education hours, as long as the parent is still working or attending training or education for the duration of 12-month eligibility; and**

- **any cessation of work or attendance in an approved training or education program that does not exceed three months.**

c) Provide the citation for this policy and/or procedure.
Program Operations Policy Transmittal (C4K-Pol-16-02 revised) dated: July 18, 2016. Link: http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf

3.3.2   Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to 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, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

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 for 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 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.

a) Does the Lead Agency choose to discontinue assistance during the 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 allow this option to 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.

X 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:

    i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

       The parent is required to report a job loss to the Care 4 Kids program within 10 days. Care4Kids will issue a 3-month job search certificate. At the end of the 3-month job search, if the parent has a new job, a new application is completed to determine family eligibility.

       As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility, reporting, and intake process. The OEC intends to incorporate providers and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible.

    ii. Describe what specific actions/changes trigger the job-search period. The parent notifies the Care 4 Kids program either by phone or in writing.

    iii. How long is the job-search period (must be at least 3 months)? **3 months**

    iv. Provide the citation for this policy or procedure. Program Operations Policy Transmittal (C4K-Pol-16-02 revised) dated: July 18, 2016. Link: **http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf**

b) The Lead Agency may discontinue assistance prior to the next 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 12-month redetermination. Check all that apply.

☐ Not applicable.

☐ 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.

     i. Define the number of unexplained absences identified as excessive: _____

     ii. Provide the citation for this policy or procedure: _____

☐ **X** A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

If a parent moves out of state the family's certificate will be discontinued.
Care4Kids Program Regulations: 17b-749-04(a)(1)

X 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.

If a parent commits fraud for the first time a period of ineligibility shall be three months from the date of the notice of disqualification is issued or from the date the parent's benefits are discontinued, whichever is later. For the second finding of fraud, the disqualification period shall increase to 6 months. For any subsequent finding, the disqualification period shall be 1 year for each occurrence. Care4Kids Program Regulations: 17b-749-20(h)(3).

As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility, reporting, and intake process. The OEC intends to incorporate provider and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible.

3.3.3 Change reporting during the 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 (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(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 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

☐ No

X   Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of 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 12-month eligibility period. Check all that apply.
>
> **X**   Additional changes that may impact a family's eligibility during the 12-month period. Describe: **Families must report changes in household composition and /or household income that exceeds the program's income threshold and if the child no longer resides in household.**
>
> **X**   Changes that impact the Lead Agency's ability to contact the family. Describe: **Family must report changes in address.**
>
> **X**   Changes that impact the Lead Agency's ability to pay child care providers. Describe: **Family must report changes to provider.**

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for 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.

> **X**   Phone
>
> **X**   Email
>
> **X**   Online forms
>
> ☐   Extended submission hours
>
> **X**   Other. Describe: **As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility, reporting and intake process. The OEC intends to incorporate providers and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible. This may include other reporting methods that are more family friendly, prepopulating forms with already known information for confirmation of accuracy, or even direct data links to remove reporting burdens from families altogether.**

d) Families must have the option to voluntarily report changes on an ongoing basis during the 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.

    i. Describe any other changes that the Lead Agency allows families to report. **N/A**

    ii. Provide the citation for this policy or procedure. **Program Operations Policy Transmittal (C4K-Pol-16-02 revised) dated: July 18, 2016. Link: http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf.**

3.3.4   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 in families 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 that information 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.

a) Describe 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. List relevant policy citations. **Program Operations Policy Transmittal (C4K-Pol-16-02 revised) dated: July 18, 2016. Link: http://www.ct.gov/oec/lib/oec/02-12_month_eligibility_transmittal.pdf**

b) How are families allowed to submit documentation for redetermination? Check all that apply.

    X   Mail
    ☐   Email
    ☐   Online forms
    X   Fax
    X   In-person
    ☐   Extended submission hours
    X   Other. Describe: **As noted in the Early Care and Education Action Plan, the OEC will be launching a workgroup to gather feedback on the eligibility, reporting and intake process. The OEC intends to incorporate provider and family feedback to improve the family and provider processes and to align with other early care and education funding requirements where possible. This may include other reporting methods that are more family friendly,**

prepopulating forms with already known information for confirmation of accuracy, or even direct data links to remove reporting burdens from families altogether. OEC understands that receiving and sending mail at a permanent address can be difficult for many families. OEC will assess the possibility of investing resources to build out the functionality to accept forms digitally either via an online or mobile platform.

3.4   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 copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

Family Size	(a) Lowest "Entry" Income Level Where Family Is First Charged Co-Pay (Greater Than $0)	(b) What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	(c) The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	(d) Highest "Entry" Income Level Before a Family Is No Longer Eligible	(e) What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	(f) The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	$1	$.02	2%	$2,386	$239	10%
2	$1	$.02	2%	$3,059	$306	10%
3	$1	$.02	2%	$3,778	$379	10%
4	$1	$.02	2%	$4,498	$450	10%
5	$1	$.02	2%	$5,218	$522	10%

b) What is the effective date of the sliding-fee scale(s)? **October 1, 2017**

c) Provide the link to the sliding-fee scale: **http://www.ctcare4kids.com/wp-content/uploads/2012/04/2017-2018-SMI.pdf**

d) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). _____

3.4.2   How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

☐ The fee is a dollar amount and:
  ☐ The fee is per child, with the same fee for each child.
  ☐ The fee is per child and is discounted for two or more children.
  ☐ The fee is per child up to a maximum per family.
  ☐ No additional fee is charged after certain number of children.
  ☐ The fee is per family.
  ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: _____
  ☐ Other. Describe: _____

X The fee is a percent of income and:
  ☐ The fee is per child, with the same percentage applied for each child.
  ☐ The fee is per child, and a discounted percentage is applied for two or more children.
  ☐ The fee is per child up to a maximum per family.
  ☐ No additional percentage is charged after certain number of children.

X The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: _____

☐ Other. Describe: The OEC is pursuing changes to the sliding fee scale to make care more accessible to families of all income will which require a change in regulations and additional analysis of impact. To begin the process, OEC will be waiving the sliding fee required payment for families under the Federal Poverty Level.

3.4.3   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 copayments (98.45(k)(2)).

X No.
☐ Yes, check and describe those additional factors below.
  ☐ Number of hours the child is in care. Describe: _____
  ☐ Lower co-payments for a higher quality of care, as defined by the state/territory. Describe: _____
  ☐ Other. Describe: _____

3.4.4   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, 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.

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

☐   Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is $_____.

☐   Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. _____.

☐   Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation. _____.

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

☐   No.

X   Yes. If yes:

a)   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? **Connecticut's Care4Kids rates for certain age groups, regions, and setting types are so low, unless families are able to contribute funds above the state subsidy, they may be unable to purchase any care. While the state is working towards higher payment rates, this allows families to benefit from help for a portion of the care and provides better access than a more restricted rule.**

b)   Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families. **OEC recently completed an informal survey and over 80% of providers charged families an amount above and beyond the family fee of Care4Kids to cover expenses. As noted in the Early Childhood Action Sessions, OEC is investing in the ability to better monitor and address disparities in access and outcomes and as part of that effort will be assessing the Care4Kids program.**

c)   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. **The OEC has conducted routine market rate surveys and occasionally more in-depth analysis. It has determined that for specific settings, regions, and age groups, the current subsidy payment is insufficient to provide access to care without additional fees. However, with a commitment to raising rates, the OEC will conduct reviews of policies and**

regulations to determine when rates are sufficiently high to provide access without additional fees and may seek to amend policies at that time.

3.4.6   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 funds? Check all that apply.

  X   Limit the maximum co-payment per family. Describe:
       Co-pay is based on the annual gross family income and household size.
  X   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.
       10% of a family's gross income whose income falls between 50% -75% of SMI.
  X   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 3.1.5. Describe: **At the 12-month redetermination when a family's income changes to 50% or higher not to exceed state maximum income threshold, the family will be provided a graduated phase-out. As the agency seeks to finalize policies to implement a graduated phase out, these maximum family contributions to allow for increased family may be adjusted during that phase out period.**
  ☐   Other. Describe: _____

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. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care.

4.1   Parental Choice in Relation to Certificates, Grants, or Contracts

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 his or her 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 his or her 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)).

Currently, the Care 4 Kids Certificate is issued after the parent has selected a provider. The following information is listed on a certificate:

- **Family Name and Address**
- **Family ID**
- **Case Manager**
- **Provider ID**
- **Certificate Number**
- **Child Name**
- **Child's DOB**
- **Start and end date of the certificate**
- **Approved Level of Care**
- **Provider Name**
- **Child's age group**
- **Reason the certificate is being issued along with the regulation number for the reason**
- **Family Fee listed in both weekly and monthly amount**
- **Key with all levels of care**
- **C4K weekly reimbursement rate**
- **C4K monthly reimbursement rate**
- **Family Fee**
- **Total Payment Amount**
- **Information: if the provider charges more it is your responsibility to pay those amounts**
- **C4K contact information**

As described in the Early Care and Education Action Sessions, the OEC plans to create better resources to communicate with families on program availability, safety, quality, and eligibility requirements and ensure racially and culturally diverse representation from communities, families, and providers in discussions around early care and education policies. The OEC is currently reviewing routine communications to parents from the Care4Kids program to ensure that it is family friendly, understandable, and helpful. At minimum, OEC is considering adding an additional note into the notice of eligibility that underscores that families have the option to choose any eligible provider they wish, describe how to find eligible providers, and the different types of providers available.

4.1.2   Describe how the parent is informed that the child 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.

☐ Certificate that provides information about the choice of providers

☐ Certificate that provides information about the quality of providers

☐ Certificate not linked to a specific provider, so parents can choose any provider

X Consumer education materials on choosing child care

X Referral to child care resource and referral agencies

X Co-located resource and referral in eligibility offices

☐ Verbal communication at the time of the application

X Community outreach, workshops, or other in-person activities

☐ Other. Describe: **As described in the Early Care and Education Action Sessions, the OEC plans to create better resources to communicate with families on program availability, safety, quality, and eligibility requirements and ensure racially and culturally diverse representation from communities, families, and providers in discussions around early care and education policies. The OEC is currently reviewing routine communications to parents from the Care4Kids program to ensure that they are family friendly, understandable, and helpful. At minimum, OEC is considering adding an additional note into the notice of eligibility that underscores that families have the option to choose any eligible provider they wish, describe how to find eligible providers, and the different types of providers available.**

4.1.3   Child care services available through grants or contracts.

a)   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 4.1.4.

X Yes. If yes, describe:

i.   How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **As forecasted in the Early Childhood Action Plan, the OEC will be taking steps to increase access to infant and toddler care. As part of this work, OEC has been conducting analysis into the areas with highest need for additional infant/toddler capacity and planning for issuing grants and contracts for services. To ensure that families still have choices when selecting a provider as the OEC expands contracted services within CCDF funding, the OEC plans to continue to 1) continue close analysis of supply and demand, increasing contracted services in order to spur development of high quality care, not replace family choice care with state-chosen care 2) implement family feedback loops to parents to ensure that family voice is helping to drive decision-making. As the OEC enters into contracts for care, it will be carefully considering the terms of those contracts (duration, outcome payments, eligibility criteria for funds, etc.) to incent the development of new capacity or the improvement of existing capacity to better serve family need, not the replacement of existing voucher-funded capacity.**

ii. The type(s) of child care services available through grants or contracts: **OEC is considering a number of different services for grants and contracts.**

Family Child Care Networks/Shared Services: To support family child care providers to maintain current capacity in difficult financial circumstances and support providers to expand, the OEC has already established contracts for family child care networks throughout the state.

Early Head Start Child Care Partnerships: CT was the recipient of federal awards to pursue an early head start child care partnership to expand high quality capacity of child care by building on the strengths of existing head start investments in the state. The OEC plans to begin a state-funded version of this concept as the federal investment of this successful program ends. OEC is currently exploring design and feasibility of these contracted services.

Infant/Toddler Infrastructure Development: There are areas of the state with severe unmet need for infant/toddler care compared to demand. In order to spur the creation of new infant/toddler programs or classrooms, expansion of existing programs, or the conversion of existing classrooms in programs into infant/toddler classrooms, the OEC is exploring funding physical infrastructure development as well as supports to recruit and facilitate infant/toddler space creation.

Direct slot funding in areas of high need: There have been areas in the state with higher than average infant deaths in unlicensed/illegal care. In order to provide the fastest increase in capacity in these areas, the OEC is considering investing in contracts directly with an entity or consortium, such as a Family Child Care Network or centers, for a certain amount of infant/toddler slots. This entity would then recruit center-based or family-based providers to expand offerings of slots at high quality levels, while also providing technical assistance, training, and wraparound supports to increase provider knowledge and capacity to serve infant and toddlers.

Outcomes based contracting: In order to better serve families and providers, the OEC is investing heavily in the ability to pay for child, family and provider outcomes, not inputs. The OEC has been awarded two grants to work with national experts on the design and implementation of performance based contracting which include bonus, incentives, and other tools to reward success and limit process-reporting.

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers): **Currently, Family Child Care Networks are funded from shared services and entities focused specifically on the expansion of Early Head Start – Child Care Partnership model, child care providers, CCR&R, and other entities are being considered for other**

contracted services. As stated in the Early Childhood Action Plan, as OEC seeks to invest in partners to support the field, the agency is seeking to develop new community level partnerships with racially, culturally, and linguistically diverse organizations and providers to ensure state investments promote racial equity.

iv. The process for accessing grants or contracts: **The OEC is governed by state procurement rules that ensure that procurement is fair and transparent. For current contracts, the CCR&R held a competitive RFP process. As part of OEC's commitment to promote racial equity, the outreach for potential funding will be proactively targeted at all potential partners, with particular outreach to historically underrepresented groups/organizations.**

v. How rates for contracted slots are set through grants and contracts: **The OEC is planning to set rates for contracted slots through grants and contracts at a higher rate than vouchers in order to pay for expansion/startup costs and higher quality with the ability to serve the most vulnerable children.**

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality: **In order to increase access and quality of infant and toddler care, OEC is investing resources in expanding Family Child Care Networks to support providers in building the knowledge and capacity necessary to increase the number of infant and toddlers served.**

vii. If contracts are offered statewide and/or locally: **Contracts will be offered statewide to partners but targeted to the locations where those services or capacity is needed.**

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

- **X** Programs to serve children with disabilities
- **X** Programs to serve infants and toddlers
- ☐ Programs to serve school-age children
- **X** Programs to serve children needing non-traditional hour care
- ☐ Programs to serve homeless children
- **X** Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas
  - ☐ Urban
  - ☐ Rural

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)).   Connecticut's General Statute, Section 17b-749-

12 (b) - Provisions Applicable to all Providers states that providers shall allow parents' unlimited access to their children and to the location where child care is provided.

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.

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

Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

X Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe: **The provider shall be no less than twenty (20) years of age and physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional, or physical health problems which might impair such ability or otherwise adversely affect the children.**

☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: _____

X Restricted to care by relatives. Describe: **The Office of Early Childhood will allow only the child's relative to provide care. The capacity of in-home care provided by relatives will be restricted to a total of three children with no more than two children under the age of two.**

☐ Restricted to care for children with special needs or a medical condition. Describe: _____

X Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: **The OEC will revise Connecticut's Child Care Subsidy Program (Care4Kids) regulations to establish health and safety requirements for in-home relative providers to include criminal background checks, orientation training and professional development.**

☐ Other. Describe: _____

4.2 Assessing Market Rates and Child Care Costs

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 and/or (2) an 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 model what expected costs would be incurred by child care providers and parents under different cost 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. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note – Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is <u>required</u> 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 how the Lead Agency will consult with the State's 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, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1   Please identify the methodology(ies) used below to assess child care prices and costs.

X   MRS
☐ Alternative methodology. Describe: _____
☐ Both. Describe: _____

4.2.2   Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or other state-designated cross-agency body: **The OEC sent the draft market rate survey question to all members of the state advisory council for feedback. On May 7th a full cabinet meeting was held where the results of the market rate survey were discussed.**

b) Local child care program administrators: **The OEC sent the market rate survey questions to a sample of child care program administrators for feedback. Based on feedback adjustments were made to the survey.**

c) Local child care resource and referral agencies: **The Office of Early Childhood contracted with Connecticut's CCR & R (United Way of Connecticut) to conduct a comprehensive state-wide Market Rate Survey. Information on provider charges was solicited through a standard telephone survey. The survey questions capture information on weekly changes by setting type (licensed child care center/group child care home, family child care homes, and licensed-exempt providers), and age group (infant, toddler, preschool, school age), capacity, town and region. This information included provider, town, region, weekly cost, and capacity including the number of spaces available and number of spaces with enrollments. The 2017 Care4Kids payment rates, effective January 1, 2017 are analyzed against the Market Rate and determination of percentile of Market Rate is identified for each setting and age, center vs. home-based and infant/toddler, preschool, school age. This information was reviewed by the Lead Agency. The results revealed gaps, for some of the rates, between the cost of providing quality services and the revenue sources available to support programs. Additional cost analysis and consideration for rate changes to some of the subsidy rates continue.**

d) Organizations representing caregivers, teachers, and directors: **The OEC sent the market rate survey questions to organizations representing caregivers, teachers and directors for feedback. Based on feedback adjustments were made to the survey.**

e) Other. Describe:

4.2.3   Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

Data collection was conducted by trained staff at the CCR&R agency, with expertise in conducting this and other Surveys. The sample size of the survey to the total number of providers in the state equals X% for centers and X% for family based settings. This survey is representative of Connecticut's licensed and license-exempt child care providers. The survey was conducted between February 9, 2018 and March 30, 2018 and includes the data

form the most recent survey communications with the providers. The survey includes statistically valid and reliable data sets from providers across the state and from each of the five geographical regions that the subsidy rates are set.

4.2.4   Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

a)   Geographic area (e.g., statewide or local markets). Describe**: The Market Rate Survey is statewide and includes focus on Connecticut's five geographical regions including: Eastern, North Central, North West, South West and South Central.**

b)   Type of provider. Describe: **Licensed child care center/group child care home, family child care homes, and license-exempt provider settings were surveyed.**

c)   Age of child. Describe: **Birth to 12**

d)   Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level. **The Market Rate Survey included programs that meet licensing requirements, national accreditation standards, and serving children with special needs.**

4.2.5   After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)).

Office of Early Childhood posted the results on the agency's website at www.ct.gov/oec and linked to communications regarding the CCDF Public Comment period. Additional survey and summary information was made available on the United Way of Connecticut's 2-1-1

a)   Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). February 9, 2018 - May 30, 2018

b)   Date the report containing results was made widely available—no later than 30 days after the completion of the report. **This report is made available to the public by May 14, 2018.**

c)   Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. **http://www.ct.gov/oec/site/default.asp**

d)   Describe how the Lead Agency considered stakeholder views and comments in the detailed report. **The OEC used stakeholder views and comments to inform setting rates.**

4.3   Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, 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 funds. 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) for the following categories below. If the Lead Agency conducted an MRS (only or in combination with an alternative methodology), also report the percentiles based on the most recent MRS. 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. Please use the most populous geographic region (area serving highest number of CCDF children).

a) Infant (6 months), full-time licensed center care in the most populous geographic region **(North Central Region)**

Rate $201 per weekly unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 4.9% **The OEC is currently finalizing rate increases for this agree group and setting type and potentially proposing to increase rates to the 10% of Market Rate. The OEC has only recently been informed of the final dollar figure for the increased federal funds and will be completing analysis and sharing with the public.**

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

(North Central Region)

Rate $211 per weekly unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 68.8%

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

(North Central Region)

Rate $201 per weekly unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 1.7%

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

(North Central Region)

Rate $211 per weekly unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 68.8%

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

(North Central Region)

Rate $160 per weekly unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 4.9%

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

(North Central Region)

Rate $<u>163</u> per weekly unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: <u>21%</u>

g) School-age child (6 years), full-time licensed center care in most populous geographic region

(North Central Region)

Rate $<u>143</u> per weekly unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile of most recent MRS: <u>87%</u>

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

(North Central Region)

Rate $<u>151</u> per weekly unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: <u>100%</u>

i) Describe how part-time and full-time care were defined and calculated. **Part-time care is defined as 16 to 34 hours a week, while full time care is defined as 35 to 50 hours a week.**

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). **January 1, 2017**

k) Provide the citation or link, if available, to the payment rates. **http://www.ctcare4kids.com/wp-content/uploads/2018/04/2017-C4K-Reimbursement-Rates-rev-2018.pdf**

l) 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)). _____

4.3.2   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).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

X   Differential rate for *non-traditional hours*. Describe: **As indicated in the Early Care and Education Action Plan, the OEC intends to increase access and rates to support 1) great infant toddler capacity, 2) a coordinated preschool system 3) reduced barriers for children with disabilities or families with additional stressors, and 4) increased racial equity. To help implement these changes, OEC plans to incentivize nontraditional hours of care through differential rates in the voucher program as well as using grants and/or contracts. Agency analysis has shown that non-traditional hours are more likely to be needed by families of color and lower income families, have insufficient capacity in the state,**

particularly with expertise in serving children with disabilities, and have lower rates of accreditation. The OEC is completing analysis on the scope and size of differential rates for non-traditional hours and will be vetting final policy changes with the public before implementation.

X   Differential rate for *children with special needs*, as defined by the state/territory. Describe: **OEC already has differential payments to ensure increased access to care for children with special needs, as defined in current regulation. Providers serving children with special needs receive rates that are 25% above the Care4Kids payment rates.**

X   Differential rate for *infants and toddlers*. Describe: **As indicated in the Early Care and Education Action Plan, the OEC intends to increase access and rates to support 1) greater infant toddler capacity, 2) a coordinated preschool system 3) reduced barriers for children with disabilities or families with additional stressors, and 4) increased racial equity. To help implement these changes**, OEC plans to incentivize infant/toddler care through raising the rates for infants and toddlers in the Care4Kids voucher program as well as using grants and/or contracts as agency. The OEC may consider differential rates for infants and toddlers if needed, but the same goal is achieved with raised base rates for that age group and may not be required.

☐   Differential rate for *school-age programs*. Describe: _____

X   Differential rate for *higher quality*, as defined by the state/territory. Describe: **OEC currently sets differential payments to incentivize higher quality of care. Providers with national accreditation, such as NAEYC/NAFCC, receive rates that are 5% above the Care 4 Kids payment rates. As indicated in the Early Care and Education Action Plan, the agency is embedding reward for the achievement of outcomes. As the OEC finishes the QRIS pilot and works with national experts on child and family outcome achievement payments, the OEC will consider expanding differential rates to include other criteria or goals.**

☐   Other differential rates or tiered rates. Describe: _____
☐   Tiered or differential rates are not implemented.

4.4   Summary of Facts Used to Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1   Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

a)   Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices
The Office of Early Childhood through the Care4Kids program funds the full range of providers (licensed centers, license-exempt centers, licensed family child care providers, and license exempt relative providers) in order to support parent choice and to ensure equal access to child care services comparable to those provided by families not receiving CCDF assistance.

Like any other family, Care4Kids funded families can select any licensed provider that is operating legally in Connecticut or is licensed and in good standing in an adjacent state. Providers must meet required health and safety standards. The OEC contracts with Connecticut's CCR&R (United Way of Connecticut) to provide resource and referral services to parents. While the current rates provided do no fully cover the cost of care for all parents to access every provider, they are permitted to supplement state funding and use more of their own family income on care, should they choose to pay for a more expensive child care setting than current rates cover. Care4Kids, therefore, is widely accepted in CT and not restricted only to a small subset of programs, allowing for ample family choice. In a recent study, it was found that 41% of licensed early care and education providers in the state had an active Care4Kids certificate, meaning, a Care4Kids funded child was enrolled.

b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology
   OEC is currently finalizing rate increases for infants and toddlers and preschool aged children. Payment rates are being established based on the current year's MRS. The proposed rates are also informed by the conversations that guided the development of the Early Childhood Action Plan from providers, legislators, advocates, and families that underscore the importance of infant/toddler care increases as well as a desire for system stability to prevent another closure of the program to new families.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF
   Base payment rates, at the proposed numbers, allow programs to meet the requirements of the program for most family child care providers. For preschool and school-aged providers in center-based programs, the Care4Kids rate is often combined with other funding streams (local funding, philanthropic/fundraising, state funded preschool slots, increased parent contributions, and after school funding) for a combined, programmatic amount that allows programs to meet basic requirements. The exception to this, has been for infant and toddler care, as the ratios and rate combined as well as the lack of other supplemental funding streams, were insufficient to pay for care. These are the rates which are currently proposed to receive a significant increase.

d) Describe how the Lead Agency took the cost of higher quality 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
   Higher costs of quality, as studied under Ann Mitchell's guidance in CT, are an important benchmarking goal for CT. When state-funded preschool funding is combined with Care4Kids funding for a single child, those programs are required to meet higher quality benchmarks for workforce and accreditation and also receive nearly the cost of quality payment amount for full time care. This practice of paying to higher quality care at significantly higher rates has also been mirrored in the state's Preschool Development Grant. The OEC is proposing to increase the amount of quality-related bonus payments and tiered reimbursement to continue to reward providers for higher levels of quality care.

e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6)

Copayments for families, if they are able to access a provider who accept Care4Kids rates, is affordable, based on federal guidelines as all incomes are below 10% of family income. The OEC, as indicated in its Early Care and Education Action Plan, will be bringing together a workgroup to address Care4Kids eligibility improvements and coordination with other funding streams. One area of opportunity to improve the sliding fee scale for families is to waive the contribution required for families under the federal poverty level. Raising the rates will ensure that more and more families have access to child care that accepts Care4Kids rates without additional contributions from families above and beyond the sliding fee scale.

f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers

The OEC's payments are timely and offered with reasonable requirements for attendance. Providers are not required to submit daily attendance for payment or hourly pay, which allows the providers to operate a financially stable business, regardless of if a child is sick and unable to come to care, for example. In a recent study, providers indicated that Care4Kids payments could be improved if they were stable and reliable. With the changes to 12 month eligibility, the OEC has already begun to address this concern. As noted in the OEC Early Care and Education Action Plan, the workgroup on enrollment improvements for Care4Kids, by simplifying and clarifying intake processes to be more family friendly, will reduce delays in enrollment approval or denial.

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

Geographic area. Describe: **The OEC has 5 geographic regions of the state that align to the Department of Social Services Regions of service. Regional rates are calculated for payment and also for analysis. As indicated in the Early Childhood Information System, the OEC seeks to raise rates for both infant/toddler access and quality for all age groups. In a recent study of costs, the current Care4Kids regions were found to be not perfectly correlated with different market rate trends. In the next few years, OEC will be embarking on an analysis and public input process to consider adjusting region boundaries to better align with market rate costs so that funds can be more effectively targeted for maximum impact.**

Type of provider. Describe: **Market rate surveys collect information on the type of provider to allow for analysis of current rates against market rates by setting. The EOC pays differential rates based on the following setting types: licensed family child care, relative care, center based care.**

Age of child. Describe: **Market rate surveys collect information on the age of the child for costs to allow for analysis of current rates against market rates by ages served. The EOC pays differential rates based on the following ages: licensed family infant/toddler, preschooler, school aged.**

Quality level. Describe: _____

Other.

h) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access:

Payment rates are set at the 75th percentile or higher of the most recent survey. Describe: **When setting this year's proposed payment rates, the OEC is taking into consideration all of the goals of the Early Care and Education Action Plan. When setting which ages/regions/sector rates were slated for the most aggressive rate increases, the OEC focused on the goal of increasing infant/toddler access as recent studies have found there to be a major shortage of infant/toddler care in the state. To serve current demand in licensed care settings, the state will need to develop an additional 51,000 infant/toddler spaces. This gap contributes to educational and life outcome disparities as the quality of care during infancy and early childhood has a major impact on brain development, health outcomes, and social/emotional development. Additionally, the recent closure of the Care4Kids program contributed to a major uptick in infant deaths in illegal child care. Care4Kids funding is also much more likely to be the only source of support for care for families compared to preschool or school aged care. A recent study found that approximately 20% of funded preschoolers are supported by multiple funding streams while under 1% of funded infants and toddlers are supported by multiple funding streams.**

Preschool Information: The Early Care and Education Action Plan also outlines the agency's plans to create a more coordinated system for preschool care. CT has a wealth of investment in preschool care: in public schools, magnets and charters, through the PDG federal grant and Head Start, through several state funded preschool slot based funding streams. The agency has stated that it plans to embed practical policy changes and incentives in the next round of RFP's, contracts, grants, and general award applications to create a more coordinated preschool system in the state. OEC's work to connect families to existing investments in preschool, better distribute funds according to need, and, as the Action Plan notes, reduce reporting burden and operational costs for providers, will provide other ways for the agency to support preschool that do not rely solely on Care4Kids rate increases.

Feedback from parents, including parent surveys or parental complaints. Describe: **The Early Care and Education Action Sessions captured parent feedback on child care and access to care and funds, particularly for infants and toddlers was considered a high priority. However, parents also noted the need for better outreach, particularly to families who speak languages other than English, improved Care4Kids policies to be more family friendly, and the need to be able to access care that parents feel is nurturing and supportive of their child's development as well as the parents' working schedule. The OEC conducted a statewide family survey about early care and education, about their needs, preferences, and current arrangements which continues to guide policy making**.

Other. Describe: _____

4.5   Payment Practices and the 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(l)(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(l)(3)).

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)).

4.5.1   Certify by describing the payment practices 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):

☐   Paying prospectively prior to the delivery of services. If implemented describe the policy or procedure. _____

X   Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure. **Based on Connecticut's General Statutes: Payments are issued within 15 days for billing for services.**

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:

☐   Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure. _____

X   Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure. **Based on Connecticut's General Statutes: Occasional absences does not affect provider payments, however frequent absences**

which exceed 25% of current care schedule could result in a change in the child care certificate level.

- ☐ Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure. _____

- ☐ 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. _____

c) Reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies, which 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)). _____

- X 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). **Certificates are approved at quarter time (1-15 hours), half-time (16-34 hours), full time (35-50 hours), full time plus (51-65 hours).**

- ☐ Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. _____

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe: **Certificates for services are issued to families who then chooses a provider. The payment is based upon invoices for services. CT's statute specifies that payments are for direct care for services and does not allow payments for fees.**

e) 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: **Based on CT General Statutes: written notices of action are sent to both providers and families within 10 days.**

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: **Based on CT's statute: the appeal process is open to families only. Families have 60 days to request a hearing. The OEC has 30 days to schedule a hearing. After a hearing is complete, OEC has 60 days to finalize the hearing decision.**

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

- X No, the practices do not vary across areas.
- ☐ Yes, the practices vary across areas. Describe: _____

4.6   Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for 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 (658 E(c)(2)(M); 98.16 (x)).

4.6.1   For each of the following types of providers, identify any shortages in the supply of quality child care providers, the data sources used to identify shortages, and the method of tracking progress to support equal access and parental choice.

a) Children in underserved areas: _____

b) Infants and toddlers:

> **The OEC conducted a study which identified a 51,000 space shortage of infant/toddler capacity in legal child care statewide. *Roughly three quarters of towns in Connecticut have a shortage of infant/toddler care.* While the shortage of infant/toddler care capacity is widespread across the state, it is particularly large in 5 cities: Bridgeport, Danbury, Waterbury, New Haven, and Stamford; where there is an estimated shortage of over 2,000 spaces in each municipality. In this study, the agency used CCR&R data on child care capacity, enrollment, and census data to determine, by age group, where there are large gaps in legal child care capacity that could be eligible for Care4Kids subsidies. The OEC plans to track infant/toddler capacity data through its CCR&R to monitor if strategies to increase infant/toddler capacity is increasing, in what settings and locations.**

c) Children with disabilities (include the Lead Agency definition in the description):

> **The OEC conducted a representative sample survey of providers about any barriers to serving families with additional stressors, including children with special needs and disabilities. For example, 64% of child care centers had a child with developmental delays currently enrolled in their program while only 21% of licensed family child care providers reported having a child with a developmental delay enrolled in the program. The top reasons licensed home-based providers are not enrolling children from priority groups, such as children with developmental delays or homeless children, is financial barriers (funding is insufficient to serve the family, or the family cannot afford care), outreach barriers, and training/expertise barriers. There were no notable differences between the responses between family child care providers receiving Care4Kids or not receiving Care4Kids. Centers report they face financial barriers and outreach barriers to enrolling children from priority groups and many say they face no barriers at all. Providers in child care centers were also much less likely to view training/expertise or regulations as barriers to enrolling priority group children. At Early Care and Education Action Plan sessions, providers indicated that there were also policy barriers to supporting children with disabilities that prevented families from receiving needed services. As noted in the Action Plan, OEC plans to monitor access to child care by families involved in IDEA through routine surveys at minimum. OEC also plans to monitor the child care capacity that is 1) wheelchair accessible (currently 66% of preschool capacity is wheelchair accessible), 2) has experience with medication administration (currently 83% of preschool capacity is offered by providers who do medication administration), and 3) has experience caring for children**

with special needs (currently 57% of preschool capacity).

d) Children who received care during non-traditional hours:

The OEC's study of current capacity and family demand for care indicates that there are major shortages in supply of weekend daytime care and overnight care and moderate shortages in extended hours care. *Children with special needs were reported to need more evening, weekend and overnight care than other children.* Children with special needs required similar amounts of care during weekday daytime hours as other children. However, 39% of children with special needs required weekend daytime care, 43% required weekday evening or overnight care, and 38% required weekend evening or overnight care. Only 15% of children without special needs required care during these weekend and evening hours.

Weekend Care
When OEC surveyed families about their current child care arrangements, 11% of families reported needing more child care on nights and weekends than they currently use.

There is a shortage of approximately 12,147 licensed or regulated infant /toddler child care spaces to meet demand on the weekend. Approximately 12,682 infants and toddlers need daytime care during the weekend. There is currently weekend daytime capacity to serve 535 children in CT. 17% of families with infants and toddlers surveyed indicated they need daytime hours on weekends.

There is a shortage of approximately 11,422 licensed or regulated preschool child care spaces to meet demand on the weekend. Approximately 12,493 preschoolers need daytime care during the weekend. There is currently weekend daytime capacity to serve 535 children in CT. 18% of families with preschoolers surveyed indicated they need daytime hours on weekends.

There are significant portions of the state with no licensed or regulated weekend child care available. There is almost no capacity in child care centers or public schools on the weekends. Virtually all of the licensed or regulated care offered on the weekends is offered by licensed family child care providers and relatives or friends. This lack of capacity in centers on weekends forces families to use home based child care (licensed and unlicensed) regardless of parent preference or needs of the child. Parents who work on the weekends regularly are unable to access free preschool offered by the public schools for their child care needs.

Evening or Overnight Child Care

17% of families surveyed need childcare on *weekday* evenings or overnight. 15% of families surveyed said they need child care on *weekend* evenings or overnight. This demand for care does not differ significantly by demographic but stays roughly consistent

with the statewide averages regardless of child age, family income, race of family, or Hispanic identification. Families with special needs are the major outlier, with 43% of families requiring weekday evening care and 38% requiring weekend evening care.

There is a shortage of approximately 2,595 evening/overnight licensed or regulated infant /toddler child care spaces to meet demand during the week. This balloons to a shortage of 12,895 in the evenings/overnight on the weekends as supply is restricted further. Approximately 15,485 infants and toddlers need evening or overnight care during the weekdays. There is currently extended hours and overnight capacity to serve 12,890 infants and toddlers (601 of which are overnight) in licensed or regulated child care settings.

There is a shortage of 17,210 preschool spaces on the *weekends* for evening/overnight care. There is no shortage for preschoolers in Connecticut for evening or overnight *weekday* care. Approximately 18,263 preschoolers need evening or overnight child care during the weekdays. There is currently extended hours and overnight capacity to serve 21,811 preschoolers.

Outside of major cities and the I95/91 corridor there are wide regions where almost no licensed or license exempt overnight is available. Capacity for extended hours or overnight care is not consistent across the state. In the appendix are town level details on availability of care for extended or overnight care.

Flexible Scheduling
In Connecticut, 19% of the lowest income survey respondents said the one of the top reasons they chose their child care provider was due to "flexibility to provide care during varying work schedule/hours." Only 3% of the highest income respondents cited schedule flexibility as their reason for choosing a child care center. This is consistent with several studies which found child care options with sufficient flexibility to accommodate shifting and unpredictable work schedules and nonstandard hours are not sufficiently available to the low-income families that needed them. Studies have documented the limitations on care options hourly workers face due to fluctuating work schedules that varied from day to day with little notice, especially for workers in the retail sector. [1]

In Connecticut 49% of the infant/toddler capacity in the state offers flexible scheduling, however only 22% of preschool capacity in the state offers flexible scheduling. Most of this capacity is in family child care and privately run centers, not public schools.

The OEC will continue to analyze data from the state's CCR&R at United Way of CT to monitor capacity and access for families. Not noted here, but analyzed by the OEC, are the implications on quality for families whose choices are limited to family child care. They are less likely to be accredited or have access to sufficient training and resources to

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[1] Henly, J.R., Shaefer, H.L., & Waxman, R.E. (2006). Nonstandard work schedules: Employer and employee-driven flexibility in retail jobs. *Social Science Review, 80*, 609-634.

serve children with special needs. As noted in the Early Care and Education Action Plan, the OEC intends to monitor and address disparities in access and outcomes.

Additionally, the OEC indicated in the Early Care and Education Action Plan, the agency will develop feedback loops for parents. As part of this effort, routine information gathering about the needs of parents, such as representative surveys, will be administered to monitor access and family choice.

e) Other. Please describe any other shortages in the supply of high-quality providers. _____

4.6.2   Based on the analysis in 4.6.1, describe what method(s) is used to increase supply and to improve quality for the following.

a) Infants and toddlers. Check all that apply.

- X   Grants and contracts (as discussed in 4.1.3)
- X   Family child care networks
- X   Start-up funding
- X   Technical assistance support
- X   Recruitment of providers
- X   Tiered payment rates (as discussed in 4.3.2)
- X   Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- ☐   Other. Describe:

b) Children with disabilities. Check all that apply.

- X   Grants and contracts (as discussed in 4.1.3)
- X   Family child care networks
- X   Start-up funding
- X   Technical assistance support
- X   Recruitment of providers
- X   Tiered payment rates (as discussed in 4.3.2)
- X   Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- ☐   Other. Describe:

c) Children who receive care during non-traditional hours. Check all that apply.

- X   Grants and contracts (as discussed in 4.1.3)
- X   Family child care networks
- X   Start-up funding
- X   Technical assistance support
- X   Recruitment of providers
- X   Tiered payment rates (as discussed in 4.3.2)
- X   Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging

□ Other. Describe:

d) Other. Check and describe:

□ Grants and contracts (as discussed in 4.1.3). Describe:

X Family child care networks. Describe:

□ Start-up funding. Describe:

X Technical assistance support. Describe:

□ Recruitment of providers. Describe:

□ Tiered payment rates (as discussed in 4.3.2)

□ Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging. Describe:

□ Other. Describe:

4.6.3 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.

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Office of Early Childhood uses State Department of Education Priority, Competitive, and Alliance districts, as identified in legislation to prioritize state funded preschool funding.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs.

Connecticut's state funded School Readiness Grants and Child Day Care Contracts serve the 50 lowest income communities in the state in addition to other high need communities. In 2015, the state allocated funds to serve preschool children in the public schools who are eligible for free and reduced lunch. In addition, the federal Preschool Development Grant serves four-year olds in 13 of CTs high need communities. All state funded programs are required to achieve and maintain national accreditation or Head Start approval to receive funds. CT's Child Care Subsidy Program (Care4Kids) is available statewide. The OEC uses CCDF funds to support several quality activities including national program accreditation and scholarships to individuals for degree completion and courses in program leadership.

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 child care services in the state/territory. States and territories may allow licensing exemptions, but they must describe how such exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care. Lead Agencies also must certify that

there are in effect health and safety requirements applicable to providers serving CCDF children. 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 to ensure that providers are complying with the health and safety requirements.

This section covers licensing requirements, health and safety requirements and training, and monitoring and enforcement procedures to ensure that child care providers comply with licensing and health and safety requirements (98.16(n)) as well as exemptions (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)). Criminal background check requirements are included in this section (98.16(o)).

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 CCDF 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); 98.409(a)(2)(iv)).

5.1.1   To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Family child care homes are private family homes caring for not more than six children, including the provider's own children not in school full time, where the children are cared for not less than three nor more than twelve hours during a twenty-four hour period and where care is given on a regularly recurring basis, except that care may be provided in excess of twelve hours but not more than seventy-two consecutive hours to accommodate a need for extended care or intermittent short-term overnight care. During the regular school year, a maximum of three additional children who are in school full time, including the provider's own children, are permitted, except that if the provider has more than three children who are in school full time, all of the provider's children are permitted.

Group child care homes provide a program of supplementary care: (a) to not less than seven or more than twelve related or unrelated children on a regular basis, or (b) that meets the definition of a family child care home except that it operates in a facility other than a private family home

Child care centers provide a program of supplementary care to more than twelve related or unrelated children outside their own home on a regular basis.

The Office of Early Childhood will limit licensed exempt providers to:

- **Relatives caring for children**
- **Programs administered by a public school system, private school, or municipal agency**

The capacity of care provided by relatives will be restricted to a total of three children with no more than two children under the age of two. The health, safety and development of children who receive services from programs administered by a public school system, private school, or municipal agency will be ensured by requiring the same background checks and professional development requirements based on health and safety standards. Compliance with health and safety requirements will be monitored through on-site inspections of programs administered by public school systems, private schools, and municipal agencies. Unlicensed relative providers are required to complete a criminal background check and CPR and First Aid Training, in addition to completing a preservice health and safety training.

As indicated in the Early Care and Education Action Plan, the OEC has begun the process to improve its licensing practices by 1) revising outdated regulations, 2) introducing legislation, 3) co-convening a workgroup with the Office of the Child Advocate to improve OEC's approach to inspection, and 4) introduce a series of initiatives to reduce unsafe care for infants (safe sleep policies, communications, etc.). The agency's overarching goal is to improve the implementation of the licensing program and increase support to providers to help them achieve compliance.

Additionally, the OEC has stated in the Early Care and Education Action Plan that it will convene a workgroup to assess reporting requirements and to identify near-term and long term opportunities to streamline, simplify, and reduce redundancy for providers. This will likely also result in suggestions for regulations and practice change for licensing, including health and safety training requirements.

5.1.2   Which providers in your state/territory are subject to licensing under this CCDF category? Check all that apply and provide a citation to the licensing rule.

X   Center-based child care. Provide a citation:
    Center Statutes: 19a-80(a); Youth Camp Statutes: 19a-421
X   Family child care. Provide a citation: **Family Statutes 19a-87b**
☐   In-home care. Provide a citation:

5.1.3   Are any providers in your state/territory that fall under this CCDF category exempt from licensing (98.40(2)(i) through (iv))? If so, describe exemptions based on length of day, threshold on the number of children in care, or any other factors applicable to the exemption.

X   Center-based child care. If checked, describe the exemptions.

      Programs administered by a public school, private school and municipality

X   Family child care. If checked, describe the exemptions. **Relatives**

☐   In-home care. If checked, describe the exemptions. _____

5.1.4   Describe how any exemptions identified above do not endanger the health, safety, or development of children in:

    a)   Center-based child care if checked in 5.1.3.

        Programs undergo annual inspection to ensure they meet health & safety requirements

    b)   Family child care if checked in 5.1.3e.

        Capacity is limited to three children (no more than two under age 2) and professional development is required.

    c)   In-home care if checked in 5.1.3.

5.2   **Health and Safety Standards and Requirements for CCDF Providers**

5.2.1   Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish 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.

a)   Licensed CCDF center-based care

    1.   Infant

- How does the State/territory define infant (age range): **under 3**
- Ratio: **1:4**
- Group size: **8**
- Teacher/caregiver qualifications: **A designated head teacher shall be on site for sixty percent (60%) of the time the child care center is in operation on a weekly basis. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. A designated head teacher shall be twenty years of age or older, have personal qualifications needed to supervise people and have either: (a) a high school diploma or equivalency certificate and at least one thousand eighty (1080) hours of documented supervised experience over a nine (9) month span of time in a program which serves children of the same age and developmental stage who are served at the center and one of the following: a current center-based Child Development Associate Credential, or 12 credits in early childhood education or child development from an accredited institution of higher education or approval by the department as a head teacher prior to January 1, 1994, or (b) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education and at least three hundred sixty (360)**

hours of documented supervised experience and at least one semester of student teaching with children of the same ages and developmental stages who are served at the center, and assistant teacher qualifications.

2. Toddler

- How does the State/territory define toddler (age range): **under 3**
- Ratio: **1:4**
- Group size: **8**
- Teacher/caregiver qualifications: **A designated head teacher shall be on site for sixty percent (60%) of the time the child care center is in operation on a weekly basis. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. A designated head teacher shall be twenty years of age or older, have personal qualifications needed to supervise people and have either: (a) a high school diploma or equivalency certificate and at least one thousand eighty (1080) hours of documented supervised experience over a nine (9) month span of time in a program which serves children of the same age and developmental stage who are served at the center and one of the following: a current center-based Child Development Associate Credential, or 12 credits in early childhood education or child development from an accredited institution of higher education or approval by the department as a head teacher prior to January 1, 1994, or (b) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education and at least three hundred sixty (360) hours of documented supervised experience and at least one semester of student teaching with children of the same ages and developmental stages who are served at the center, and assistant teacher qualifications.**

3. Preschool

- How does the State/territory define preschool (age range): **3-5**
- Ratio: **1:10**
- Group size: **20**
- Teacher/caregiver qualifications: **A designated head teacher shall be on site for sixty percent (60%) of the time the child care center is in operation on a weekly basis. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. A designated head teacher shall be twenty years of age or older, have personal qualifications needed to supervise people and have either: (a) a high school diploma or equivalency certificate and at least one thousand eighty (1080) hours of documented supervised experience over a nine (9) month span of time in a program which serves children of the same age and developmental stage who are served at the center and one of the following: a current center-based Child Development Associate Credential, or 12 credits in early childhood education or child development from an accredited institution of higher education or approval by the department as a head teacher prior to January 1, 1994, or (b) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education and at least three hundred sixty (360) hours of documented supervised experience and at least one semester of student**

teaching with children of the same ages and developmental stages who are served at the center, and assistant teacher qualifications.

4. School-age

    *   How does the State/territory define school-age (age range):
        At least 5 years of age by January 1 of the current school year, and less than 13 years of age or less than 19 with special needs and attending school.
    *   Ratio: **1:10**
    *   Group size: **20**
    *   Teacher/caregiver qualifications: **A designated head teacher shall be on site for sixty percent (60%) of the time the child care center is in operation on a weekly basis. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. A designated head teacher shall be twenty (20) years of age or older, have the personal qualities needed to supervise others, a high school diploma or equivalency certificate, at least five hundred forty (540) hours of documented supervised experience over at least a nine (9) month span including working with children of the same ages and developmental stages who are served in the child care center and one of the following: twelve (12) credits in early childhood education or child development, elementary education, recreation, group social work or a related field from an accredited institution of higher or a four (4) year college degree in elementary education, recreation, group social work, or a related field from an accredited institution of higher education, with at least two hundred seventy (270) hours of documented supervised experience, and assistant teacher qualifications.**

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers. **There are no specific teacher/caregiver qualifications required. There shall be a designated staff person in charge who is eighteen years of age or older on site at all times the child care program is in operation. Specific training and experience is required for staff supervising high risk activities.**

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups. **The ratio shall be at least one staff to ten children under age six, one staff to twelve children under age eleven, and one staff to fifteen children over the age of eleven. When there is a mixed age group, the lower required ratio for the age of the youngest child shall prevail. During nap time, when all children in the group are sleeping, the overall ratios shall be maintained on the premises. In resident programs, the ratio of staff to children shall be at least one staff to six children under age eight, and one staff to eight children eight years and older. The group size shall not exceed twenty children except for structured activities offered exclusively for school age children.**

7. Describe the director qualifications for licensed CCDF center-based care. **Any director hired or newly designated on or after January 1, 2010 shall have within one year of being hired or designates at least three credits in the administration of early childhood education programs or educational administration.**

b) Licensed CCDF family child care provider

1. Infant

   - How does the State/territory define infant (age range): **under 2.**

   - Ratio: **The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.**

     Group size: **The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.**

   - Teacher/caregiver qualifications: **The provider shall be no less than twenty (20) years of age and physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional, or physical health problems which might impair such ability or otherwise adversely affect the child care children. The provider must hold a valid first aid certificate.**

2. Toddler

   - How does the State/territory define toddler (age range): **under 2.**
   - Ratio: **The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.**

   - Group size: **The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.**

   - Teacher/caregiver qualifications: **The provider shall be no less than twenty (20) years of age and physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional, or physical health problems which might impair such ability or otherwise adversely affect the child care children. The provider must hold a valid first aid certificate.**

3. Preschool

- How does the State/territory define preschool (age range): _____
- Ratio: **The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.**

- Group size: **The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.**

- Teacher/caregiver qualifications: **The provider shall be no less than twenty (20) years of age and physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional, or physical health problems which might impair such ability or otherwise adversely affect the child care children. The provider must hold a valid first aid certificate.**

4. School-age

- How does the State/territory define school-age (age range): _____
- Ratio: **The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.**

- Group size: **The provider shall care for no more than two children under the age of two, including his/her own children, except that the provider may care for up to six children under the age of two years when an approved assistant or substitute is present. In addition to the six children counted in the regular capacity, the provider may have three additional children who are attending school full time before and after school during the school year only.**

    Teacher/caregiver qualifications: **The provider shall be no less than twenty (20) years of age and physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional, or physical health problems which might impair such ability or otherwise adversely affect the child care children. The provider must hold a valid first aid certificate.**

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes. **Relatives caring for children will**

have a limited capacity of three children, with no more than two children under the age of two.

c) In-home CCDF providers:

1. Describe the ratios. **1:3**

2. Describe the group size. **3**

3. Describe the threshold for when licensing is required. **4**

4. Describe the maximum number of children that are allowed in the home at any one time. **3**

5. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size. **Yes, must be included in the ratio.**

6. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day. **No more than 2 children under the age of two at any time.**

5.2.2   Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note – This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

1. Prevention and control of infectious diseases (including immunization)

   • Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Programs shall maintain on file an immunization record that documents age appropriate immunizations, immunization in progress or exemption to immunization as defined. The hands of staff and children shall be washed after each diaper change.**
   • List the citation for these requirements. **Center Regs:19a-79-5a(a)(2)(C); 19a-79-6a(e); 19a-79-6a(b)(1)-(2); 19a-79-10(e) Family Regs: 19a-87b-10(k); 19-87b-10(f) Youth Camp Regs: 19a-428-3(a) License-exempt: http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf**
   • Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **Additionally, for licensed and**

license-exempt centers, toys used for infants shall be kept separate, washed and sanitized at least daily. Toys for toddlers shall be washed and sanitized at least weekly and as needed. For licensed centers, staff shall be knowledgeable about the signs and symptoms of childhood illness and responsible for observation of each child. Any child showing suspicious signs or symptoms of short-term contagious illness shall be isolated and removed from the program. For licensed family child care homes, no child shall be accepted for sick child care, universal precautions and sanitary practices shall be used to prevent the spread for infection when care for a mildly ill child occurs.

- Describe any variations based on the age of the children in care. **N/A**
- Describe if relatives are exempt from this requirement. **N/A**

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Infants under twelve months of age shall be placed in a supine (back) position for sleeping in a well-constructed, free standing crib, bed or other piece of equipment designed for infant sleeping and appropriate for the particular child, with a snug fitting mattress unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for an alternative sleep position or alternate piece of equipment. When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back but allowed to adopt whatever position they prefer for sleep. Soft surfaces and gas-trapping objects such as pillows, blankets, quilts, sheepskins, soft bumpers or stuffed toys shall not be placed under or with an infant for sleeping and shall be kept out of the infant's crib or bed. No infant shall be put to sleep on a sofa, soft mattress, waterbed or other soft surface. No infant shall be put to sleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for their use. Nothing shall be placed or hung over the side of a crib or other piece of equipment designed for sleeping that obstructs the staff's visibility of the infant. Cribs or other furniture intended for infant sleeping shall meet the United States Consumer Product Safety Commission requirements. All cribs must comply with the CPSC crib standards.**
- List the citation for these requirements. **Center Regs: 19a-79-10(g) Family Regs: 19a-87b-10(c)(4) License-exempt: http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **N/A**
- Describe any variations based on the age of the children in care.
  Applies to infants under twelve months of age.
- Describe if relatives are exempt from this requirement.
  Content on safe sleep practices is provided in pre-service provider orientation.

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Administration of medications by unlicensed staff is permitted, provided specified training is completed, administration is in accordance with a written order from an authorized prescriber, written parent permission is obtained, and specified documentation and storage and labeling requirements are followed.**
- List the citation for these requirements.
  Center Regs: 19a-79-9a Family Regs: 19a-87b-17 Youth Camp Regs:19a-428-6
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
  License exempt programs administered by public and private schools follow provisions in Section 10-212a of the statutes that apply to schools.
- Describe any variations based on the age of the children in care. **N/A**
- Describe if relatives are exempt from this requirement.
  Relatives are not required to have parental consent for administration of medication.

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Information about a child's disabilities or special health care needs such as allergies or special dietary needs shall be on file along with an individual plan of care to include appropriate care of the child in the event of a medical emergency.**
- List the citation for these requirements. **Center Regs: 19a-79-5a(a)(2)(E) Family Regs: 19a-87b-10(c) and (d) Youth Camp Regs: 19a-428-3(a) License-exempt: http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **N/A**
- Describe any variations based on the age of the children in care. **N/A**
- Describe if relatives are exempt from this requirement.
  Training on prevention of and response to emergencies is offered state-wide and free to any Care4Kids relative provider. This training is not required.

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The physical premises shall be maintained sanitary and free of health and safety hazards. Evident sources of lead in buildings constructed prior to 1978 must be addressed. The outdoor area shall be protected from traffic, bodies of water, gullies and other hazards by barriers. Fences used to protect children shall be at least four feet in height. Fields and equipment for high risks activities shall be free of hazards.**
- List the citation for these requirements. **Center Regs: 19a-79-7a Family Regs: 19a-87b-9(b); 19a-87b-9 Youth Camp Regs: 19a-428-4 License-exempt:**

> **http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf**

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **N/A**
- Describe any variations based on the age of the children in care. **For licensed and license-exempt centers and license-exempt youth camps that serve children less than school age and are located in a building constructed prior to 1978 shall address evident sources of lead paint.**
- Describe if relatives are exempt from this requirement. **Building and physical premise safety is a topic area included in the pre-service provider orientation program offered to relative Care 4 Kids providers.**

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The program is responsible at all times for the health, comfort, and safety of children at all times. Children's behaviors shall be managed using techniques based on developmentally appropriate practice. Staff shall not engage in or allow abusive, neglectful, physical, corporal, humiliating, or frightening treatment or punishment and shall not tie or bind or restrain children.**
- List the citation for these requirements. **Center Regs: 19a-79-3a(b)(8) Family Regs: 19a-87b-10(i) and 19a-87b-10(j) Youth Camp Regs: 19a-428-2(c) License-exempt: http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **N/A**
- Describe any variations based on the age of the children in care. **N/A**
- Describe if relatives are exempt from this requirement.
  Relatives are exempt from this requirement.

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.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The program shall develop a written emergency management plan for matters that include, but are not limited to, fire, a medical incident, a weather related incident, man-made disaster, natural disasters, or acts of terrorism. Specific components of the plan are specified. All staff shall be trained on the plan and a copy maintained on site.**
- List the citation for these requirements. **Center Regs: 19a-79-3a(d)(4); Family Regs: 19a-87b- 9(d)(5); 19a-87b-9(d)(5) Youth Camp Regs: 19a-428-2(r) License-exempt:**

http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **Changes to the licensing regulations for family childcare homes are pending so that they are more specific as to the requirements for an emergency plan. Relative providers are required to create and post an emergency plan in their home.**
- Describe any variations based on the age of the children in care. **N/A**
- Describe if relatives are exempt from this requirement. **N/A**

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Potentially hazardous substances and materials shall be stored in a separate locked/inaccessible area.**
- List the citation for these requirements. **Center Regs: 19a-79-7a(e)(10); 19a-79-10(e)(6) and (9); 19a-79-13(d)(3); 19a-79-9a Family Regs: 19a-87b-10(f); 19a-87b-9(h); 19a-87b-17(b)(5)(C); 19a-87b-18(d)(3) Youth Camp Regs: 19a-428-6(2)(E)(iv); 19a-428-7(d)(3) License-exempt: http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **N/A**
- Describe any variations based on the age of the children in care. **N/A**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

9. Precautions in transporting children (if applicable)

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The operator shall be responsible for compliance with all motor vehicle laws when transporting children. Written parent permission must be obtained if transporting children.**
- List the citation for these requirements. **Center Regs: 19a-79-3a(m); 19a-79-5a(a)(1)(D)(iv) - Family Regs: 19a-87b-9(l); 19a-87b-10(b)(3) Youth Camp Regs: 19a-428-4(t) License-exempt: http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **N/A**
- Describe any variations based on the age of the children in care. **N/A**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **At least one staff on site who has completed a first aid course approved by the OEC. At least one staff on site who**

is certified in CPR by the ARC, AHA, NSC, ASHI or Medic First Aid International, Inc. First aid kit must be on site.

- List the citation for these requirements. **Center Regs: 19a-79-4a(e)(1) and (2); 19a-79-13(b)(1) Family Regs: 19a-87b-6(c); 19a-87b-18(b)(1)(A) Youth Camp Regs: 19a-428-5(a)**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **CPR certification is not required of licensed family child care home providers however Care4Kids providers must complete training in CPR within 3 months of service. Care4Kids relative providers are required to complete first aid and CPR within 3 months of service and maintain current certificates as ongoing professional development.**
- Describe any variations based on the age of the children in care. **N/A**
- Describe if relatives are exempt from this requirement. **N/A**

11. Recognition and reporting of child abuse and neglect

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The operator and staff shall report actual or suspected child abuse or neglect, or imminent risk of serious harm, of any child to the CT Department of Children and Families as mandated by CT statute.**
- List the citation for these requirements. **Center Regs: 19a-79-3a(b)(8)(E) Family Regs: 19a-87b-10(j)(3) Youth Camp Regs: 19a-428-2(q) License-exempt: http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **For licensed youth camps, staff that has reasonable cause to suspect or believe that a child has been abused or neglected or is in imminent risk of serious harm shall immediately report such suspicion or belief to the youth camp director or youth camp assistant director, both of whom are mandated reporters.**

- Describe any variations based on the age of the children in care. **N/A**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement**

a) The Lead Agency may also include optional standards related to the following:

1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Providers must provide nutritious meals and snacks.**
- List the citation for these requirements. **Center Regs: 19a-79-6a(a)(2) Family Regs: 19a-87b-10(c)(2)**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **The center regulations specifically require compliance with all of USDA nutrition standards. The youth camp**

regulations do not address specific nutrition requirements. Not a requirement for license-exempt center based providers.

- Describe if relatives are exempt from this requirement. **Relatives are exempt from this optional standard.**

2. Access to physical activity

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The program shall include opportunities for physical activities**
- List the citation for these requirements. **Center Regs: 19a-79-8a(b); 19a-79-10(j) Family Regs: 19a-87b-10(c)**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **The youth camp regulations do not address specific requirements for physical activity, but the nature of the program generally includes physical activities. Not a requirement for license-exempt center based providers.**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this optional standard.**

3. Caring for children with special needs

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Information about a child's disabilities or special health care needs such as allergies, special dietary needs shall be on file along with an individual plan of care to include appropriate care of the child in the event of a medical emergency.**
- List the citation for these requirements. **Center Regs: 19a-79-5a(a)(2)(E) Family Regs: 19a-87b-10(c) and (d) Youth Camp Regs: 19a-428-3(a)**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **N/A**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this optional standard.**

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe: _____

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.) _____
- List the citation for these requirements. _____
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). _____
- Describe if relatives are exempt from this requirement. _____

5.2.3   Health and safety training for CCDF providers on required topics.

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, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and

safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

   1. Licensed child care centers: **18 hours is required to complete the Online Health and Safety Orientation.   If individual holds valid First Aid, CPR and Medication Certificates an additional 5 hours is required to complete Online Health and Safety Orientation. Of note, the Early Care and Education Action Plan includes a commitment to launch a workgroup on workforce requirements reporting which may result in recommended changes to requirements for CCDF training.**
   2. Licensed FCC homes: **3 hour in pre-service/ in person Provider Orientation Program, within 3 months must complete First Aid, CPR and Medication Administration, and 2 hour Online Health and Safety Orientation Program**
   3. In-home care: **3 hour pre-service/ in person Provider Orientation Program and within 3 months complete First Aid and CPR certification.**
   4. Variations for exempt provider settings: **License exempt providers (Public/Private Schools and Municipalities have same requirement as licensed child care centers.**

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)**3 months**

c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

   1. Prevention and control of infectious diseases (including immunizations)

      • Provide the citation for this training requirement. **Draft transmittal will be finalized.**
      • Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
         ☐ Yes
         X No

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

      • Provide the citation for this training requirement. **Draft transmittal will be finalized.**
      • Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
         ☐ Yes
         X No

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

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  X No

4. Prevention and response to emergencies due to food and allergic reactions

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  X No

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

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- 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

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

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  X No

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  X No

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

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  X No

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  X No

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  X No

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  X No

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  X No

13. Describe other requirements

- Provide the citation for other training requirements. _____
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  ☐ Yes
  ☐ No

Ongoing Training Requirements

Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) Licensed child care centers: **1% of annual hours worked**

b) Licensed FCC homes: **18 hours**

c) In-home care: **Maintain valid First Aid and CPR certification**

d) Variations for exempt provider settings: **License exempt provider (Public/Private and Municipalities) 1% of annual hours worked**

5.2.5   Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

   - Provide the citation for this training requirement. **Draft transmittal will be finalized.**
   - How often does the state/territory require that this training topic be completed?

     ☐ Annually.
     X Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training.**

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

   - Provide the citation for this training requirement. **Draft transmittal will be finalized.**
   - How often does the state/territory require that this training topic be completed?

     ☐ Annually.
     X   Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

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

   - Provide the citation for this training requirement. **Draft transmittal will be finalized.**

- How often does the state/territory require that this training topic be completed?

  ☐ Annually.

  X   Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

4. Prevention and response to emergencies due to food and allergic reactions

   - Provide the citation for this training requirement. **Draft transmittal will be finalized.**
   - How often does the state/territory require that this training topic be completed?

     ☐ Annually.

     X   Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

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

   - Provide the citation for this training requirement. **Draft transmittal will be finalized.**
   - How often does the state/territory require that this training topic be completed?

     ☐ Annually.

     X   Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

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

   - Provide the citation for this training requirement. **Draft transmittal will be finalized.**
   - How often does the state/territory require that this training topic be completed?

     ☐ Annually.

X Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- How often does the state/territory require that this training topic be completed?

☐ Annually.

X Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

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

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- How often does the state/territory require that this training topic be completed?

☐ Annually.

X Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- How often does the state/territory require that this training topic be completed?

☐ Annually.

X Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC**

Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- How often does the state/territory require that this training topic be completed?

  ☐ Annually.

  X Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- How often does the state/territory require that this training topic be completed?

  ☐ Annually.

  X Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. **Draft transmittal will be finalized.**
- How often does the state/territory require that this training topic be completed?

  ☐ Annually.

  X Other. Describe **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, including health and safety, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. This reflection tool will be utilized by all Care 4 Kids providers to create individual health and safety training**

13. Describe other requirements. _____

- Provide the citation for other training requirements. _____
- How often does the state/territory require that this training topic be completed?

☐ Annually.
☐ Other. Describe _____

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that 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 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements.

All license-exempt providers were notified in writing in August 2016 of this new requirement. Each provider received the health and safety standards for annual monitoring and inspection form. The link provides all information mailed to licensed exempt providers. Operational Transmittal C4K-OPS-16-01 dated September 30, 2016 submitted to OEC's Division of Licensing.

Currently, all orientation and annual professional development activities completed by providers will be tracked and monitored in the Office of Early Childhood's Professional Registry. In the Early Care and Education Action Plan, the OEC has already indicated it will form a workgroup to assess reporting requirements to identify near-term and long-term opportunities to streamline, simplify, and reduce redundancy. This workgroup may generate recommendations that change current practice and policy.

All licensed providers are monitored pursuant to Section 19a-87b (family child care homes), and Section 19a-80 (group child care homes and child care centers). All licensed providers are monitored pursuant to Section 19a-87b (family child care homes), and Section 19a-80 (group child care homes and child care centers). Additionally, the OEC notes in the Early Care and Education Action Plan that it will convene a working group with the Office of the Child Advocate to consider modifications to current licensing practices, including exploring the potential for increased use of differential licensing. Additionally, the OEC is assembling resources to explore ways to enable the agency to analyze violation and inspection data and conduct data-driven inspection activities to increase child safety, for example with smart checklists on mobile systems and risk factor analysis.

5.3.2 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 responding to the questions below to describe 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

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards. **All applicants receive a pre-licensure inspection prior to the issuance of a license.**
2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers. **All providers receive at least one full unannounced inspection annually.**
3. Identify the frequency of unannounced inspections:

   X   Once a year
   ☐   More than once a year. Describe _____

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards. **Each annual inspection includes a review of all licensing requirements.**
5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers **Center Statutes: 19a-80(b)(3); Youth Camp Regs: 19a-426**

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards. **All applicants receive a pre-licensure inspection prior to the issuance of a license.**
2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers. **All providers receive at least one full unannounced inspection annually.**
3. Identify the frequency of unannounced inspections:

   X   Once a year
   ☐   More than once a year. Describe _____

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards. **Each annual inspection includes a review of all licensing requirements.**

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers **Family Statutes: 19a-87b(a)**

c) Licensed in-home CCDF child care

X   N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards. _____
2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers. _____
3. Identify the frequency of unannounced inspections:

    ☐   Once a year
    ☐   More than once a year. Describe _____

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards. _____
5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers _____

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. **Office of Early Childhood Division of Licensing**

5.3.3   Lead Agencies 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 (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to 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. **http://www.ctcare4kids.com/wp-content/uploads/2018/01/CCDF-Requirements-3-for-Exempt-Programs.pdf**

Provide the citation(s) for this policy or procedure. _____

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. **N/A**

Provide the citation(s) for this policy or procedure. _____

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. **N/A**

Provide the citation(s) for this policy or procedure. _____

5.3.4   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)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (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. **N/A**

   Provide the citation(s) for this policy or procedure. _____

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. **N/A**

   Provide the citation(s) for this policy or procedure. _____

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. **N/A**

d) Provide the citation(s) for this policy or procedure. _____

5.3.5 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors 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)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors 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)). **New hires for a licensing inspector position are required to have (1) a Bachelor's or an earned advanced degree in early childhood or bachelor's degree with at least 12 credits in early childhood, (2) experience implementing, monitoring and enforcing child day care statutes, regulations and standards, and (3) Five (5) years of experience working in a licensed child care program at least two years of which was in a lead role. Individuals hired as licensing inspectors will undergo a thorough training in accordance with an established training plan which includes reading and reviewing with supervisors materials (including the Licensing Division's policy and procedure manual and selected portions of The National Association for Regulatory Administration Licensing Curriculum), a line-by-line review of the licensing regulations and memos of direction, on-line trainings, and shadowing seasoned inspectors in the field and the office All OEC employees complete a mandatory diversity training within 6 months of hire. This is current State of CT hiring practice, no specific policy citation to provide. Email copy of job posting a to Region 1 Officer. The diversity training requirement is specified in**

PA:99-180. All licensing inspectors have been trained in all the health and safety topic areas based on Connecticut's Licensing Regulations. The inspectors also viewed the online Health and Safety Orientation program which is being offered to providers. All child care licensing staff undergoes extensive in office and in the field training in line with written policies and procedures which cover the topics of general expectations of conduct during inspections, initial licensing, conducting inspections and complaints, and application of the regulations pertaining to each license type.

Additionally, as noted in the Early Care and Education Action Plan, the OEC plans to improve licensing practices with a focus on enhancing support to providers to achieve compliance, in large part through a workgroup co-convened with the child advocate. This workgroup is expected to generate recommendations regarding enhanced annual training or coaching, communications, policies and procedures, as well as other strategies, such as inter-rater reliability monitoring, to increase support to providers and consistency and effectiveness of enforcement.

b)   Provide the citation(s) for this policy or procedure. **Link to job posting for Licensing Specialist: https://www.jobapscloud.com/CT/specs/classspecdisplay.asp?ClassNumber=2328SH&R1 =undefined&R3=undefined**

5.3.6   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 providers 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 current ratio of staff to licensed programs is currently approximately 1:104 (includes license-exempt programs). There is no specific policy regarding licensing inspector ratios. Current statute requires at least annual inspection of each licensed program and this requirement is always met with current staffing levels.**

b)   Provide the policy citation and state/territory ratio of licensing inspectors. **Center Statutes: 19a-80(b)(3); Youth Camp Regs: 19a-426; Family Statutes: 19a-87b(a)**

5.3.7   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 inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

X   Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care. **Unlicensed relative providers are required to complete a preservice health and safety training and maintain a current First Aid and CPR certificate.**

☐ Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care. _____

☐ No, relatives are not exempt from inspection requirements.

5.4   Criminal Background Checks

5.1.4   In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care providers that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). 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. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);
4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
6. 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 (inter-state);
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and

8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

Milestone Prerequisites for Time-Limited Waivers

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
  - state criminal registry or repository using fingerprints;
  - state sex offender registry or repository check;
  - state-based child abuse and neglect registry and database .

All four components are required in order for the milestone to be considered met.

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

Background Check Components	If milestone is met, time-limited waiver allowed for:
1) In-state criminal w/fingerprints	
2) In-state sex offender registry	
3) In-state state-based child abuse and neglect registry	Conducting background checks on backlog of current (existing) staff only
4) FBI fingerprint check	
5) NCIC National Sex Offender Registry (NSOR)	Establishing requirements and procedures AND/OR
6) Inter-state state criminal registry	Conducting background checks on all new (prospective) child care staff
7) Inter-state state sex offender registry	AND/OR
8) Inter-state child abuse and neglect registry	Conducting background checks on backlog of current (existing) staff

States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States

and Territories will have the option to _renew_ these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

- Original deadline for implementation (658H(j)(1) of CCDBG Act):   September 30, 2017
- Initial one-year extension deadline (658H(j)(2) of CCDBG Act):   September 30, 2018
- One-year waiver deadline (45 CFR 98.19(b)(1)(i)):   September 30, 2019
- Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)):   September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides. **Currently, fingerprint based background checks are required for all providers, staff, volunteers, and household members over 16 years old. Background checks entail a search of the Connecticut criminal history repository, a check of FBI records, and a search of the Connecticut child abuse and neglect registry. There is also pending legislation with respect to license exempt relative providers. As noted in the Early Care and Education Action Plan, the OEC intends to improve data systems and reduce redundancies in data collection, including launching a new data system for background checks to enable providers to gain access to timely information about staff background check status.**

    i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). **The requirements are in state statute and apply across the board to all providers whether or not they are licensed**

    ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). **As of right now, license exempt CCDF relative providers are required to undergo a fingerprint based background check. Because this requirement goes beyond what CCDF requires, the Office of Early Childhood is seeking to change it so that such individuals undergo fingerprinting only if the agency finds their names on a registry such as the sex offender registry. With respect to other license exempt providers, such as public schools, the practice has always been to defer to the results of such programs' own background checks which similarly require staff to undergo state, federal, and child abuse and neglect registry checks. In later phases of implementation, we will ask for proof of completion.**

    iii.   Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

        ☐   Yes.

        X   No. Check here to indicate request for time-limited waiver for this requirement **X** and enter the expected date of full implementation of this requirement. **September 2019** Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **Connecticut's law requiring fingerprint based background checks of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not been fingerprinted. Those individuals were considered "grandfathered in." Under the new CCDF requirement to undergo a comprehensive background check every five years, all providers, including those previously grandfathered in, will be captured**.

    iv.   List the citation: **Conn. Gen. Stat. §§ 17b-749k, 19a-80, 19a-87b**

b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides. **Currently, we do not check sex offender registries. However, the OEC has recently acquired a new background check management system that will automate the public sex offender registry check process. That system will be live in the summer of 2018. In addition, we are working with the state police to develop a system to access the NCIC sex offender registry**

    i.   Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). **The new system will apply equally to all licensed child care providers, their staff, and in the case of child care homes, their household members over the age of 16**

    ii.   Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). **The requirements are in state statute and apply across the board to all providers whether or not they receive CCDF funds.**

    iii.   Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?

        ☐   Yes

        X   No. Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement. **Will begin summer 2018 with launch of new background check**

management system Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **Our new background check management system will automate the public registry checks. We have purchased the system and are in the development stage**

      iv.   List the citation: **"Comprehensive background checks" were codified in June Special Session P.A. 17-2**

c)   Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides. **Current law requires that the state child abuse and neglect registry be checked for every licensed provider, staff, and household members age 16 and over in family child care homes. In addition, as a practice, the child abuse and neglect registry is checked for unlicensed relative providers. That practice will be codified this year**.

      i.   Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). **The requirements are in state statute and apply across the board to all providers whether or not they are licensed.**

      ii.   Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). **The requirements are in state statute and apply across the board to all providers whether or not they receive CCDF funds.**

      iii.   Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?

          ☐   Yes

          X   No. Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement. **September 2019** Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **Connecticut's law requiring a child abuse and neglect registry check of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not**

undergone this check. Those individuals were considered "grandfathered in." Under the new CCDF requirement to undergo a comprehensive background check every five years, all providers, including those previously grandfathered in, will be captured

    iv.   List the citation: **"Comprehensive background checks" were codified in June Special Session P.A. 17-2**

d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification. **State law requires that background checks be fingerprint based and include a check of FBI records.**

    i.   Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). **The requirements are in state statute and apply across the board to all providers whether or not they are licensed.**

    ii.   Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). **The requirements are in state statute and apply across the board to all providers whether or not they receive CCDF funds.**

    iii.   Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?

        ☐   Yes

        X   No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. **September 2019** Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **Connecticut's law requiring fingerprint based background checks of child care providers came into effect in the late 1990's. Any providers/staff who entered the field before that and did not change employment have not been fingerprinted. Those individuals were considered "grandfathered in." Under the new CCDF requirement to undergo a comprehensive background check every five years, all providers, including those previously grandfathered in, will be captured**

    iv.   List the citation: **Conn. Gen. Stat. § 29-17a.**

e) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.

    ☐ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.

    i.   Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

          _____

    ii.   Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). _____

    iii.   List the citation: _____

X   In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. **September 2019** Describe the status of implementation of requirements, policies and procedures for the NCIC's National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **To date, we have met with state police to discuss implementation of this requirement. They had several concerns about implementation including resources and a concern that they could not share all information available. They requested some time to speak with the FBI and the state's Office of the Attorney General before committing to do these checks. Once the state police have answers to their questions, we will attempt to integrate this process into our background check management system**

f)   Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.

    ☐ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.

    i.   Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

          _____

    ii.   Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). _____

iii.   List the citation: _____

X   In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. **September 2019** Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **As we develop our background check management system, we are accounting for information regarding where applicants have lived in the last five years. Once we are ready to implement this change, we will have that information readily available. We are also in the process of hiring new staff including clerical and professional staff to assist with implementing this change**

g)   Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.

☐   Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state sex offender registry check on all new and existing child care staff.

i.   Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

_____

ii.   Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o).

_____

iii.   List the citation: _____

X   In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. **Summer 2018** Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **This query will be**

automated with the launch of our new background check management system this summer.

h) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.

☐ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.

   i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

   _____

   ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). _____

   iii. List the citation: _____

X In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. <u>September 2019</u> Describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **As we develop our background check management system, we are accounting for information regarding where applicants have lived in the last five years. Once we are ready to implement this change, we will have that information readily available. We are also in the process of hiring new staff including clerical and professional staff to assist with implementing this change.**

5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?

X No.
☐ Yes. Describe: _____

5.4.4 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)). We immediately refer any out of state queries to either the state police or the Department of Children and Families, which are the two agencies with the necessary information.

5.4.6 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. 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)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

5.4.7 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?

☐ No.
X Yes. Describe: **Connecticut has a disqualifying crimes list that goes beyond what the federal law requires. For example, stalking is a disqualifying crime in Connecticut.**

5.4.8   The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, 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)). All applicants have the ability to appeal background checks. For applicants from licensed programs, appeal is automatic. When there is a "hit," we immediately ask questions pertaining to degree of rehabilitation. For applicants from unlicensed programs, the Office of Early Childhood has an appeals committee.

5.4.9   The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures 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. Lead Agencies can report that no fees are charged if applicable (98.43(f)). The Office of Early Childhood charges no fees. The state police charge $75. The FBI charges $12 for staff and $10.75 for volunteers.

5.4.10   Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?

☐   No, relatives are not exempt from background check requirements.

☐   Yes, relatives are exempt from *all* background check requirements.

X   Yes, relatives are exempt from *some* background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers. **Under currently pending legislation, relative providers will only have to undergo a background check if there is a hit on any one of three name and date of birth registry checks.**

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.

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)). 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   Describe how the state/territory developed its training and professional development Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. 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. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe: **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies for any role working in any setting, a set that builds from the shared core for teachers and caregivers working in any setting, and a set for technical assistance providers (trainers, coaches, consultants, and mentors). A set for home visiting and Birth to Three Part C providers is under construction and will also build from the shared core. The competencies are designed to address the knowledge and skills necessary to provide high quality services in a variety of settings addressing multiple roles through the lens of multiple disciplines. These competencies were developed with community and higher education partners to bring the lenses of education, health, mental health, social service, and intervention to a set of common knowledge and skills applicable across all roles. This CKC Framework, as well as the embedded NAEYC preparation standards within the Framework, serves pre-service teacher preparation.**

- Career pathways. Describe: **Connecticut's Career Ladder provides an easy to understand progression of professional development from entry level training through the various degree programs. OEC plans to revise the Career Ladder to reflect increments of progress associated with the CCDF requirements and any state or national requirements for specific to major roles, pending staff hiring (FY2019).**

- Advisory structure. Describe: **The CT Office of Early Childhood has an internal professional learning committee comprised of each division to represent integration of a professional development system across the agency (Birth to Three Part C, Family Support Services, Licensing, Early Care and Education, and Quality Improvement) for**

uniformity and continuity of quality professional development design and delivery. A similar cross sector and discipline model will be used to create an external committee. This external Early Childhood Professional Learning Advisory Committee (EC PLAC) will provide policy recommendations to the OEC on the development and sustained efforts of the state integrated early childhood professional development system; and assist the OEC in examining the need for quality professional development that would provide opportunity for cross-role and cross-sector workforce development.
The EC PLAC will utilize the National Association for the Education of Young Children (NAEYC) Build it Better report and the Early Childhood Personnel Center (ECPC) plan for developing a Comprehensive System of Personnel Development to guide recommendations and help shape Connecticut's professional development system.

Additionally, the OEC has committed in its Early Care and Education Action Plan to convene a workgroup to assess workforce requirements and another to assess reporting requirements. The OEC also plans to continue to revise the QRIS pilot based on provider feedback. Each of these efforts is expected to generate recommendations for improvements to professional development policies, requirements, and offerings. As part of these efforts, OEC will implement assessments of quality improvement activities to better target CCDF funds toward achieving better outcomes for children and families.

- Articulation. Describe: **Associate to bachelor early childhood degree articulation is supported through general transfer agreements between state colleges and universities. The CT Board of Regents recently launch, a Transfer Articulation Policy which guarantees no loss of credits between an Associate degree program to a Bachelor degree program. The Connecticut Early Childhood Teacher Credential (ECTC) validates a person meets teacher competencies in six standard areas:**
    - **Promoting Child Development and Learning**
    - **Building Family and Community Relationships**
    - **Observing, Documenting and Assessing to Support Young Children and Families**
    - **Using Developmentally Effective Approaches**
    - **Using Content Knowledge to Build Meaningful Curriculum**
    - **Growing as a Professional**

  The ECTC improves teaching and learning in early childhood classrooms by aligning college coursework to national standards. Is portable across early childhood programs This credential is one of the first to be approved. All of the public colleges that offer the ECTC now have a fully articulated policy for no loss of credits. The private colleges are about to begin work on a similar policy.

- Workforce information. Describe: **The CT Early Childhood Professional Registry is a statewide, secure, online database that tracks verified professional development and employment experiences of its members. The Registry is open to teaching staff,**

program administrators and other staff of CT's early care and education programs across settings, including family child care. It is also open to early care and education technical assistance providers (trainers, consultants, mentors, and coaches) supporting CT's workforce. Data captured in the Registry is used to monitor statewide progress toward meeting the required staff qualifications associated with programs utilizing state funding as well as other agency needs. The career ladder noted on the Registry website offers a scale of progression based on early childhood credits toward degrees. The career ladder will be revised to reflect progress associated with the CCDF requirements as well.

- Financing. Describe: **CT will contract for the implementation of a Professional Development and Quality Improvement activities. Funds for scholarships ($1 million of CCDF) will be available for individuals to access professional development and credit- bearing coursework associated with CCDF requirements.**

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

X Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: **Connecticut has created a Core Knowledge and Competencies (CKC) Framework that includes a set of shared core competencies, for any role working in any setting. CT has created the CKC Framework Reflection Tool for developing individual professional development plans. (link: http://www.ct.gov/oec/cwp/view.asp?a=4541&Q=600332&PM=1** This reflection tool will be utilized by all providers to create individual professional development goals**. Scholarship for professional development and credit bearing coursework will be available. Individuals have access to online modules to meet health and safety CCDF training requirements**

X Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: **Connecticut's higher education institutions are engaged in the state workforce development initiatives through the Early Childhood Higher Education Consortium (ECHEC). ECHEC's members include higher education early childhood program coordinators and faculty. Much of the agenda is to assist students with the path from Associate's through Bachelor's degrees and modifications to the planned program of study to reduce duplication and maximize experience. Use of the CKC Framework as a tie to the professional development that students may have already had in their workplace, is an emerging topic of conversation regarding the role that experience plays in current knowledge, understanding and practice. A template for aligning the content and delivery of professional development to the CKC Framework is being tested with new offerings such as, Trauma Informed Practice, Pyramid, and CT Early Learning and Development Standards introductory training. The purpose of template is to support goal setting and**

content development when designing training or coursework. The OEC regularly partners with the higher education institutions for workgroup work, implementation, and editing. For example, our CT Documentation for Observation System (CT DOTS) was reviewed by higher education faculty and is currently being field tested.

Other. Describe: _____

6.1.2   Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff. The Early Childhood Professional Learning Advisory Committee (EC PLAC) committee will be overseen by OEC staff and members of the Early Childhood Cabinet (SAC). The EC PLAC will utilize the NAEYC Workforce Blueprint as a tool and the Early Childhood Personnel Center (ECPC) plan for developing a Comprehensive System of Personnel Development to guide recommendations and help shape Connecticut's professional development system. The Professional Development and Quality Improvement Systems contractor will staff the EC PLAC and support the process of feedback.

6.1.3   Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

X   Financial assistance to attain credentials and post-secondary degrees. Describe: **Scholarship funds through CCDF and other funding to assist individuals with meeting workforce requirements. OEC and the Connecticut State Colleges and Universities (CSCU) are exploring the possibility of providing child care to individuals enrolled in early childhood training programs at community colleges to better support these students complete degree or certificate programs. OEC will work with CSCU to determine the anticipated need, the priority outcomes for this specific population, and ways to track progress on those outcomes to determine the appropriate scale of a pilot.**

☐   Financial incentives linked to educational attainment and retention. Describe: _____

☐   Financial incentives and compensation improvements. Describe: _____

☐   Registered apprenticeship programs. Describe: _____

☐   Outreach to high school (including career and technical) students. Describe: _____

☐   Policies for paid sick leave. Describe: _____

☐   Policies for paid annual leave. Describe: _____

☐   Policies for health care benefits. Describe: _____

☐   Policies for retirement benefits. Describe: _____

☐   Support for providers' mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe: _____

☐   Other. Describe: _____

6.2   Training and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements 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 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 early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)).

Connecticut has developed Core Knowledge and Competencies (CKC) for professionals working with children and their families. The CKCs are designed to address a variety of sectors and settings. They contain seven domains of knowledge, including health, safety and wellness, so that all professionals will be able to ensure children are safe and be able handle emergencies. These competencies incorporate the knowledge and application of Connecticut's ELDS and address practices aligned to the Pyramid Model for promoting social and emotional competence and providing intervention and support. The competencies provide a roadmap for professional learning design to serve diverse learners from career entry to mastery level. The CKCs are used as a basis for planning training requirements and approving trainers and trainings. In addition, CT's is piloting a QRIS. The current model (to be revised based upon the pilot data) includes training on the CT ELDS and on supporting children's social and emotional competence. Training on the Pyramid Model is being offered on an ongoing basis and CT will be holding a 2-day institute in order to develop guidance related to community planning and collaboration to ensure that programs and providers across settings are well equipped to support all children's social, emotional, and mental health needs.

6.2.2   Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The OEC has regular meetings with the Social Service Manager of the Mohegan Tribe Family Services Department to inform him of all training and professional development initiatives that tribal providers can access.

6.2.3   Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)).

OEC will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities through coordinated efforts that take into consideration tools and

resources to minimize barriers, such translated communications and materials, bilingual training sessions, wheelchair accessible locations, sign language translators, etc.

6.2.4   If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages.

The Professional Development System provides training in Spanish.

6.2.5   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 and Native Hawaiians (98.44(b)(2)(iii–iv)).

Connecticut has developed Core Knowledge and Competencies (CKC)for professionals working with children and their families. The Framework is designed to a variety of sectors and settings. These evidence-based competencies incorporate the knowledge and application of CT's ELDS and strategies to support English language learners and children with special needs. CT has recently developed additional standards addressing social/emotional and intellectual habits from birth through school age. These serve as criteria for approving training requirements including all settings and ages.

6.2.6   The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

In the fall of 2016, all state funded School Readiness Councils added the local McKinney-Vento Liaison as a required member of the Council. This enables the Council to provide training and TA utilizing the McKinney-Vento Liaisons expertise to community providers. During the same time period, the State's McKinney-Vento Coordinator offered training for all local McKinney -Vento Liaisons and invited local early care and education providers to attend.

The OEC's, through Quality Recognition and Improvement System THRIVE! offers an introductory training for all providers on Trauma and Families Experiencing Homelessness. This four-hour training is offered state-wide and free to all providers and provides evidence-based techniques for working with these children and families. CT is a Pyramid Model State and will promote the use of Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children through training and technical assistance to child care providers.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2). **The OEC staff have attending orientation session offered by the McKinney Vento**

State Coordinator and engage further with the coordinator to expand training to other division of the OEC and the Early Childhood Cabinet.

6.2.7   The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). 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.

    X   Issue policy change notices

    ☐   Issue new policy manual

    ☐   Staff training

    X   Orientations

    X   Onsite training

    X   Online training

    X   Regular check-ins to monitor the implementation of CCDF policies

    ☐   The type of check-ins, including the frequency. Describe: _____

    ☐   Other. Describe: _____

6.2.8   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 provider's business practices, which can include training and/or TA efforts.

    a) Identify the strategies that the state/territory is developing and implementing for training and TA. **There are several ongoing efforts in CT to support business practices in early childhood programs. For more than a decade, state early childhood funding has maintained the Program Leadership Initiative which offers credit-bearing coursework for early childhood administrators which include Fiscal and Human Resource Management. These courses meet the requirement for the Connecticut Director's Credential.**

    Recent effort is the OEC's public-private partnership with the CT Early Childhood Funders Collaborative provide training and technical assistance to early childhood providers (center and home-based) on fiscal strategic planning. One key component of the training will be follow-up consultation with a SCORE mentor. The OEC has partnered with SCORE, a resource affiliate of the U.S. Small Business Administration (SBA) to provide this consultation.

    OEC plans to schedule focus groups in the fall and winter of 2018 with providers, as well as the training and professional development vendor, to discuss the current curriculum content and determine which areas should be cut or expanded. Moreover, OEC will focus on reassessing the mediums of training delivery to shift the primarily literature-based online training to more interactive forums, such as cohort-model training and experiential learning opportunities.

    b) Check the topics addressed in the state/territory's strategies. Check all that apply.

        X   Fiscal management

        X   Budgeting

        X   Recordkeeping

X   Hiring, developing, and retaining qualified staff

X   Risk management

X   Community relationships

X   Marketing and public relations

X   Parent-provider communications, including who delivers the training, education, and/or technical assistance

☐   Other. Describe: _____

6.3 Early Learning and Developmental Guidelines

6.3.1   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 are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry. **The Connecticut Early Learning and Development Standards (CT ELDS) were developed in 2013. The standards were written based upon current research and considered national and international standards and frameworks available at the time of development. Subsequently, crosswalks have been completed to the CT Social Studies Framework and the Next Generation Science Standards upon adoption in CT. The development process for the CT ELDS included reviews for cultural and linguistic appropriateness. NAEYC was selected to conduct a content validation study which addressed the developmental appropriateness as well as cultural and linguistic appropriateness.**

b)   Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry. **The CT ELDS were designed to be appropriate for all children. Supplemental guidance documents were developed for use of the CT ELDS to support children who are diverse learners and children who are dual language learners.**

c)   Check the domain areas included in the state/territory's early learning and developmental guidelines. Check all that apply.

X   Cognition, including language arts and mathematics

X   Social development

X   Emotional development

> **X**   Physical development
>
> **X**   Approaches toward learning
>
> **X**   Other. Describe: **Science, Creative Arts, Social Studies**
>
> **The CT ELDS also includes a Dual Language Learner Framework**

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC. **The CT ELDS were developed through a subcommittee of the CT Early Childhood Cabinet (CT's SAC). The CT ELDS implementation is coordinated by the OEC and is supported by Thrive!, the professional learning component of the state's QRIS. In addition, a cross-sector advisory group has guided the development of the CT Documentation and Observation for Teaching System (CT DOTS), a framework to guide monitoring of children's progress toward the goals within the CT ELDS.   The CT Early Childhood Cabinet (CT's SAC) receives regular updates on this work.**

e) 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 CT Documentation and Observation for Teaching System (CT DOTS), a framework to guide monitoring of children's progress toward the goals within the CT ELDS will be available in 2018. The development has involved consideration of the CT ELDS. A more formal review and revision process is anticipated for the next five-year cycle ending in 2023.**

f) Provide the Web link to the state/territory's early learning and developmental guidelines. **http://www.ct.gov/oec/elds**

6.3.2   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 CT ELDS were developed to help families, communities and schools work together to support young children's early learning and growth. The CT ELDS provide a foundation for guidance related to supporting all children and for professional learning. Professional learning related to implementation of the CT ELDS by providers is focused on intentionality and understanding individual children's strengths and needs. CT DOTS, the framework to guide monitoring of children's progress toward the goals within the CT ELDS, specifically states that the tool should NOT be used to evaluate program or educator effectiveness. In conjunction with the initial launch of CT DOTS in the fall of 2018, the OEC will be working with experts in early childhood assessment to collect evidence of validity and reliability of CT DOTS for its intended purpose, as well as planning for how CT DOTS fits into a broader assessment system.**

6.3.3   If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measureable 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)).

As CT continues to build a Professional Development System, quality assurance measures will be incorporated which will help to determine the quality and effectiveness of the professional development provided relative to the CT ELDS and CT DOTS. In addition, data from the QRIS (which includes training on the CT ELDS) will be utilized to consider program quality. Because both the QRIS and the Professional Development System are currently under development, no baseline data is yet available to set measurable targets for training and/or implementation of the CT ELDS. Once baseline data is available, targets will be set.

The OEC plans to engage an external evaluator to assess the impact on child development and outcomes with a broad focus on the impact on child and family outcomes. At minimum, the OEC will be considering targets for effective identification and support for developmental delays, suspension/expulsion rates, and education disparities.

7   Support Continuous Quality Improvement

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). 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 Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). 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 separate annual Quality Progress Report that will include a description of activities to be 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
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system 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)).

This section covers the quality activities needs assessment and 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 OEC's funded quality activities are invested in as a direct result of needs assessments. The OEC has conducted an assessment of the capacity, quality, and access needs of the early care and education system and it's ability to meet the needs of all families. As noted elsewhere in this plan, data shows the need for additional high-quality care for infants and toddlers, high quality care during non-traditional hours and for families with additional stressors. The OEC is developing the capacity to commit to monitoring and addressing disparities in access and outcomes on a more routine basis, as noted in the Early Care and Education Action Plan. This includes developing the inter-agency data sharing infrastructure to know about two-generational family and child outcomes. For example, OEC is developing the capacity to know if children in childcare settings are less likely to be injured or harmed, if families receiving subsidy are increasing in economic stability, etc.

This work is supplemented by more specific provider inquiries on specific training, coaching, and TA needs to tailor offerings for providers. For example, findings from the state-wide QRIS Pilot will inform further implementation of a state-wide quality improvement and recognition system.

The QRIS has five pillars of quality, the pillar are Health and Safety, Workforce Education, Learning and Environment, Family Engagement and Leadership and Advocacy.

7.1.2   Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

The assessments conducted to date indicate that the early care and education system has insufficient infant toddler capacity, racial disparities in access to high quality care, burdensome and misaligned quality requirements that are not closely linked to child and family outcomes, and a demand for greater investment in social/emotional supports for providers and children.   The overarching goals of the quality system that the OEC has identified include enhancing the early care and education system as well as provider's capacity to:

- **offer infant/toddler care including fiscal, administrative, and teaching practices, such as infant mental health and development best practices**

- **support family outcomes more broadly (economic stability, parental employment, health outcomes, etc.) by effective screening and connecting to other available state resources**

- **identify and effectively serve children with developmental delays**

- **support the social/emotional development of children and reduce suspension and expulsion**

- **support families with additional stressors (such as homelessness)**

- **improve cultural, racial, and linguistic equity**

- **reduce the quantity and burden of existing quality requirements in favor of more effective supports and requirements**

7.2   Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing.

X   Supporting the training and professional development of the child care workforce
If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.
  X   CCDF funds
  X   Other funds

X   Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.
  X   CCDF funds
  ☐   Other funds

X   Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

  X CCDF funds

  ☐ Other funds

X   Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.

  X CCDF funds

  ☐ Other funds

X   Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

  X CCDF funds

  ☐ Other funds

X   Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

  X CCDF funds

  ☐ Other funds

X   Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

  X CCDF funds

  ☐ Other funds

X   Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

  X CCDF funds

  ☐ Other funds

X   Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

  X CCDF funds

  ☐ Other funds

☐   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. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.

  ☐ CCDF funds

  ☐ Other funds

7.3 **Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds**

Lead Agencies can invest 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 in addition to the following (98.53(a)(1)).

7.3.1   Describe how the state/territory funds the training and professional development of the child care workforce.

X   Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe:

The Office of Early Childhood has launched a number of efforts to promote social, emotional, physical, and cognitive development of children.

Early Learning Development Standards Training: CT ELDS Introductory Training is offered state-wide by state agency staff as well as subcontractors, free of charge. The training is designed to build knowledge of the CT Early Learning and Development Standards (CT ELDS). Participants gain an understanding of the Guiding Principles of the CT ELDS, explore how current practices support those dispositions that are connected to lifelong learning and learn about the purpose and structure of the CT ELDS. Participants plan for beginning use of the CT ELDS and next steps in professional learning. CT is now field-testing a companion document to the CT ELDS called the Documentation and Observation for Teaching System (CT DOTS) where teachers and caregivers can document and monitor progress along the continuum of development to better inform their planning efforts.

Other free in-person trainings: Through Thrive! The OEC has contracted with providers to offer a number of free trainings to the field, broadly accessible to both family childcare providers as well as centers. These trainings have been targeted to support family child care providers more inclusively than ever before. Trainings include:

Provider Orientation Training for Care4Kids providers which covers a number of child development topics

Medication Administration train the trainer sessions to replicate the Yale University model

CPR, First Aid trainings, and nutrition trainings

Backpack and I Am Moving I am Learning based trainings

Coaching:
- **Free job embedded coaching is offered in programs that are currently funded with the federal Preschool Development Grant. The OEC seeks to replicate best practices from that federal funding opportunity.**
- **NAEYC accreditation support is also offered**

Online Resources: **The OEC has contracted to provide online supports for providers and plans to share more broadly with the field to ensure they are put into use on a routine basis.**

- **The OEC developed a video library in past years in partnership with Eastern CT State University to support trainings and coaching. The *e-clips* series provides early childhood professionals with tips and ideas they can implement in their own classrooms. Each *e-clip* features an expert describing how providers can use the latest research to enhance children's learning. Interviews with classroom teachers and footage from preschool classrooms illustrate how educators can put theory into practice and capture authentic early childhood classroom experiences. Supplementing each e-clip are suggested readings, additional on-line resources, and discussion questions to support conversations within instructional teams or in staff meetings. Several of the videos offer insights into support in healthy child development. The OEC has posted these videos free of charge online.**

- **The OEC has purchased free accounts for providers statewide to the Childcare Education Institute online course catalog. There are over 100 courses online available free of charge, many of which offer insights into supporting children's development and are translated into other languages.**

- **The OEC won a Federal Innovation grant for home visiting professional development through which a series of online training modules were developed for providers which include many topics on healthy child development, including safe sleep.**

Other Investments:

- **As stated in the Early Care and Education Action Plan, the OEC intends to invest in more quality improvement support to 1) assess and support children with developmental delays in partnership with the Birth to Three program**

X Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.) Describe:

The Office of Early Childhood has launched a number of efforts to promote positive social-emotional development and early childhood mental health of children to reduce challenging behaviors and reduce expulsions of preschoolers.

Pyramid Model Framework: CT is a Pyramid Model state and has conducted a state- wide training of trainers program to build capacity to deliver the Pyramid Model concepts.

Early Childhood Consultation Partnership: In addition, the Early Childhood Consultation Partnership (ECCP®) ECCP® is a statewide, evidence-based mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. Free job embedded ECCP coaching is offered in programs that

are currently funded with the federal Preschool Development Grant. These programs are building the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support, education, and consultation to caregivers in order to promote enduring and optimal outcomes for young children. The OEC seeks to replicate best practices from that federal funding opportunity. The OEC intends to continue to continue to support ECCP access to additional providers after the federal grant comes to a close.

Infant Mental Health Association: The OEC has supported the work of the Infant Mental Health Association to support infant mental health credentials, training, and coaching free of charge to providers.

Root Cause Supports: As noted in the Early Childhood Action Plan, the OEC intends to increase support to families and children to help resolve the root causes that may result in challenging behavior or poor social-emotional development and mental health in children. Trauma and family stressors such as homelessness experienced by the family directly impact in-classroom success of children. The OEC intends to enhance the capacity of the early care and education system to serve families with additional stressors. This may include establishing better partnerships with peer agencies to connect early care and education providers to statewide out-of-classroom resources to prevent and respond to trauma, such as home visiting and support for maternal depression, better screening and support for family needs, diversion support from homeless shelters, and supports for families with incarcerated parents. OEC will develop ways to train providers on how to best connect families to resources that ultimately support better in-classroom success.

X   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. Describe:

The Office of Early Childhood has launched a number of efforts to promote family partnership and engagement in their children's positive development.

Family Partnerships Definition: The Office of Early Childhood engaged in a partnership with the State Department of Education and the Early Childhood Funder's Collaborative to develop, in collaboration with stakeholders across the state, a new framework and definition of family engagement. This document identifies high impact and low impact family engagement strategies that focus primarily on ways to develop authentic relationships between families and programs. The OEC plans to disseminate this definition more broadly in future years as part of training and technical assistance to programs.

Parent Teacher Home Visiting: Connecticut's federally funded Preschool Development Grant (PDG) Program includes a family engagement initiative which requires the development of community-based family engagement plans. The Parent Teacher Home Visiting Project (PTHVP) is a required component of all PDG classrooms. This strength-based model has been identified as a proven strategy for building effective relationships between families and teachers as co-educators of children. OEC is exploring the possibility of replicating this successful program after the completion of this grant.

The Office early childhood has committed in its Early Childhood Action Plan to build the infrastructure for direct relationships with and channels for families to get the information they need and provide meaningful feedback to the system. Specifically, the OEC is considering:

Family Feedback Loops: The OEC seeks to create better resources to communicate with families on program availability, safety, and quality as well as eligibility requirements. Implementing feedback loops with parents through better communications, family surveys, community meetings, webinars, community meetings, and partnerships with key community influencers will all contribute to better representation of parent voice in policy decisions that affect their children. The OEC plans not only to implement these improvements, but also support providers in being able to respond to feedback.

Parent Cabinet: The State Department of Education has a Parent Cabinet that gathers key representatives of parent voice to weigh in formally on agency policies and decisions.

New Partnerships: To ensure racially and culturally diverse representation from communities, families, and providers in discussions around early care and education policies the OEC will pursue the development of new community-level partnerships with racially, culturally, and linguistically diverse organizations through intentional outreach and inclusion, including better consistency of translation.

  X   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. Describe: **T**

The OEC has developed a guidance document entitled "Supporting all Children using The Connecticut Early Learning and Development Standards: Building Meaningful Curriculum". This document focuses on the components of highly quality curriculum being intentional, responsive and reflective. It provides examples of intentional teaching and practice, environment materials and scheduling, planning meaningful learning experiences, describes the ways play contributes to development, the importance of using assessment and engaging families in meaningful ways. This document was released during Week of the Young Children April 2016 at a state-wide forum designed for providers, consultants, coaches and higher education facility. The OEC supports the use of this guidance document in early care and education

programs as a means of review existing curriculum, developing curriculum policies and documents and in the review of a commercially purchased curriculum.

X Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: **The Office of Early Childhood is committed to helping provide the two generational and whole family supports that are needed to help children and families succeed and have great life outcomes. As noted in the Early Care and Education Action Plan, the OEC proposed to enhance the capacity of the early care and education system to serve families with additional stressors. This includes increasing training and support to providers to connect families with outside-of-the-classroom supports that may influence "inside of the classroom" success and parent economic stability. For example, OEC plans to increase training of providers on how to refer to home visiting, IDEA programs, homeless diversion, and other similar family strengthening programs.**
Additionally, OEC plans to expand access to Early Head Start Child Care Partnership models to expand child care providers' access to comprehensive services through community partnerships.

X   Using data to guide program evaluation to ensure continuous improvement. Describe: The OEC plans to use data to guide program evaluation and continuous improvement by helping develop supports to translate collected data into policy and behavior changes, including paying for successful achievement of child and family outcomes. **As noted in the Early Care and Education Action Plan, the OEC plans to asses and improve existing data systems and define shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders that can be translated into measurable metrics tied to existing administrative data sets and shared publically. This data infrastructure will enable the OEC to reward providers and help programs identify areas of improvement and training and professional development needs.**
Part of this infrastructure includes the Quality Recognition and Improvement System currently under pilot and gathering data on the criteria of the system to then make adjustments if needed. This pilot included approximately 100 early care and education program serving children birth – age five across all providers' settings. Results from the pilot will provide important information on the standard comprised in each of the quality pillars. The final system will provide programs and families with information on key standard of quality. The system will allow programs and individuals to access resources and supports that promote continuous improvement.

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe:

X Caring for and supporting the development of children with disabilities and developmental delays. Describe: **As noted in the Early Care and Education Actin Plan, the OEC will be promoting additional supports to better screen for and serve families with children who have disabilities. This will include, at minimum, training for increased knowledge of the rights of parents to care as well as critical trainings for providers such as medication administration to create inclusive learning environments that can accept children of all abilities. OEC will continue to fund free online trainings and resources specifically tailored to help providers meet any challenges associated with caring for children with special needs. Supporting the positive development of school-age childre**n.

Other. Describe: _____

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. Check all that apply.

X   Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
X   Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
X   Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
Other. Describe: _____

7.3.2   Describe the measureable indicators of progress relevant to this use of funds 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.

Throughout the agency the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics. As noted in the Early Care and Education Action Plan, the OEC will be:

- **defining shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders.**

- **Translating the outcomes into measurable metrics that can be tied to existing administrative data sets and shared publicly.**

- **Communicating the progress early care and education providers are making toward the achievement of family outcomes**

While these shared agency outcomes are not yet fully defined, they are likely to include 2-gen metrics such as child deaths, suspensions and expulsions, family economic stability (working status, income, etc.), Kindergarten Entry Inventory scores, child abuse and neglect rates. Intermediate metrics on process may include parent opinion metrics, program licensing violations, screenings and referrals to other supporting programs, QRIS scores, ERS ratings, and racial equity access numbers, among many others.

The agency is currently developing the infrastructure needed to complete progress analysis including developing data-sharing arrangements with sister state agencies to access relevant outcomes data, completing development of data systems and data analytics capacity (through staff and contracts with trusted partners). When this development has been completed, the agency will establish more formal baselines and targets for improving program quality.

Currently professional efforts are evaluated on an individual basis using surveys and/or knowledge checks. Once a professional development system and a QRIS are in place, a quality assurance process will be utilized, and data from the QRIS and other family outcome data can be used to set measurable targets for improving program quality.
s

7.4 Quality Rating and Improvement System

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.

7.4.1   Does your state/territory have a quality rating and improvement system?

☐ 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. _____

X   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. _____

X   If Yes, describe the measureable indicators of progress relevant to this use of funds 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. **QRIS work was begun by the Early Childhood Cabinet in 2014. In 2016, a Quality Improvement Director was hired to lift the work and put into practice. Twelve Listening Tours (approximately 300 providers) were held on the basic five pillars identified in the previous Cabinet work to garner support for those pillars moving forward. In 2017, a draft model was then taken out to again twelve Listening Tours (approximately 300 providers) to close the feedback loop and solidify support for a pilot. The pilot began in the Fall of 2017 with approximately 100 providers in a variety of**

settings and locales across CT. The QRIS includes five pillars: Health and Safety; Workforce Education; Learning and Environment; Family Engagement and Leadership and Advocacy based on current research and all the previous work done in CT on QRIS. A program will receive a 1 to 5 rating on each of the 5 pillars. Data from the QRIS pilot will inform the final quality rating scale. No baseline data is yet available to set measurable targets as the system is still under development and pilot testing.

No, but the state/territory is in the QRIS development phase.

☐ No, the state/territory has no plans for QRIS development.

7.4.2   QRIS participation.

a) Are providers required to participate in the QRIS?

    X   Participation is voluntary.

    ☐ Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). _____

    ☐ Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.

    X   Licensed child care centers

    X   Licensed family child care homes

    X   License-exempt providers

    X   Early Head Start programs

    X   Head Start programs

    X   State prekindergarten or preschool programs

    X   Local district-supported prekindergarten programs

    X   Programs serving infants and toddlers

    X   Programs serving school-age children

    X   Faith-based settings

    X   Tribally operated programs

    ☐ Other. Describe: _____

7.4.3   Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

☐ No.

X Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

    X Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system).

    X Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

    X Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

    ☐ Other. Describe: _____

    ☐ None.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

☐ No.

X Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

    X Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

    ☐ Embeds licensing into the QRIS.

    ☐ State/territory license is a "rated" license.

    ☐ Other. Describe: _____

    ☐ Not linked.

7.4.5 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.

☐ No.

X Yes. If yes, check all that apply.

    ☐ One-time grants, awards, or bonuses

    ☐ Ongoing or periodic quality stipends

    X Higher subsidy payments

    X Training or technical assistance related to QRIS

    ☐ Coaching/mentoring

    X Scholarships, bonuses, or increased compensation for degrees/certificates

    X   Materials and supplies

    ☐   Priority access for other grants or programs

    ☐   Tax credits (providers or parents)

    ☐   Payment of fees (e.g., licensing, accreditation)

    ☐   Other: _____

    ☐   None

7.4.6   Describe the measureable indicators of progress relevant to this use of funds 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.

Data from the QRIS pilot will be utilized to consider program quality. Because the QRIS is currently under development, no baseline data is yet available to set measurable targets. Once baseline data is available, targets will be set.

Throughout the agency the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics. As noted in the Early Care and Education Action Plan, the OEC will be

- **defining shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders**
- **Translating the outcomes into measurable metrics that can be tied to existing administrative data sets and shared publicly**
- **Communicating the progress early care and education providers are making toward the achievement of family outcomes**

While these shared agency outcomes are not yet fully defined, they are likely to include 2-gen metrics such as child deaths, suspensions and expulsions, family economic stability (working status, income, etc.), Kindergarten Entry Inventory scores, child abuse and neglect rates. Intermediate metrics on process may include parent opinion metrics, program licensing violations, screenings and referrals to other supporting programs, QRIS scores, ERS ratings, and racial equity access numbers, among many others.

The agency is currently developing the infrastructure needed to complete progress analysis including developing data-sharing arrangements with sister state agencies to access relevant outcomes data, completing development of data systems and data analytics capacity (through staff and contracts with trusted partners). When this development has been completed, the agency will establish more formal baselines and targets for improving program quality.

Data from the QRIS pilot, assessments of individual quality improvement initiatives, as well as administrative data focused on family and child outcomes will be utilized to consider program quality. Because these data systems and metrics are currently under development, no baseline data is yet available to set measurable targets. Once baseline data is available, targets will be set.

7.5   Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the 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.

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.

7.5.1   What activities 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? Check all that apply and describe.

☐ 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: _____

X   Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: **T**

The OEC released a request for proposal to fund several community-based staffed family child care networks (link to RFP: http://www.thrivect.org/announcements/rfp-fcc-network/). The OEC is currently funding seven local communities to expand existing or develop new family childcare (FCC) networks.

FCC Networks are comprised of a group of FCC providers who have voluntarily affiliated with an existing (or have formed an) organization with which they maintain an ongoing supportive relationship. Providers join a network for a more rewarding career, to improve the FCC homes' performance as a source of income, and/or to enhance the quality and market appeal of their services to parents. The funded networks have paid staff with expertise in working with FCC providers and the network delivers a menu of ongoing support services and resources to meet provider needs. The networks are required to form a shared services business alliance. A shared services business alliance is a FCC network that pursues an intentional strategy for improving the sustainability and financial performance of each member's individual business. The "shared services" strategy capitalizes on the efficiency –the economies of scale – that arise when multiple providers pool business functions such as purchasing, marketing, billing and bookkeeping for the purpose of reducing each member's operating costs. The goal of a shared services alliance is to have the resulting cost-savings and enhanced market appeal translate into a more viable and better performing home-based business enterprise for all of the alliance's members.

X   Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe:

The OEC offered a train the trainer session on Program for Infant/Toddler Care (PITC) in the fall of 2017. The PITC is based on six essential program practices that promote responsive, caring relationships between caregivers and the infants and toddlers they serve. Research suggests that high-quality early care and education programs for infants and toddlers that use a relationship-based care framework support optimal development and learning.   The goal of the train the trainer session was to support professionals who, in turn, support infant toddler caregivers in their developmental understanding and implementation of relationship-based program practice to support high quality infant/toddler care in family childcare settings.

There are several ongoing efforts in CT to support business practices in early childhood programs. For more than a decade, state early childhood funding has maintained the Program Leadership Initiative that offers credit-bearing coursework for early childhood administrators that include Fiscal and Human Resource Management. These courses meet the requirement for the Connecticut Director's Credential.

Recent effort is the OEC's public-private partnership with the CT Early Childhood Funders Collaborative provide training and technical assistance to early childhood providers (center and home-based) on fiscal strategic planning. One key component of the training will be follow-up consultation with a SCORE mentor. The OEC has collaborated with SCORE, a resource affiliate of the U.S. Small Business Administration (SBA) to provide this consultation.

X   Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe:
OEC is exploring the potential to offer infant/toddler coaching specialists to providers throughout the state.

X   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:

The OEC is committed to working with the Family Support Division to increase awareness and educate providers on the Birth to Three program. Not only will OEC develop strategies to build provider comfort in accepting children with special needs and better coordinate access to early intervention in all child care settings but OEC will also think about ways to connect CCDF program with the State Systemic Improvement Plan, specifically around improving the education and outreach to increase access for children with special needs. OEC will also consider other innovative ways to support infants and toddlers with disabilities, such as mini-grants for accommodations and outcomes payments.

X   Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe:
The QRIS has in the Environment Star the required use of the age appropriate Environmental Rating Scale, ITERS, for this age group. The data gathered from the ITERS

will provide information about the TA needs and additional professional development. Our Early Learning and Development Standards begin at birth and we are working on specific professional development to support those working with Infants and Toddlers. At the higher star levels in the Program Star, observations are used to plan individualized lessons and activities. The Pyramid work in the state also has a separate training for those working with this population.

X   Developing infant and toddler components within the state/territory's child care licensing regulations. Describe:
OEC, in its Early Care and Education Action Plans, has committed 1) revising licensing regulations and statues to improve clarity and support high quality practice, 2) improving licensing practices with a focus on enhancing support to providers to achieve compliance, and 3) reducing the use of unsafe care for infants, in particular.

X   Developing infant and toddler components within the early learning and developmental guidelines. Describe:
Connecticut developing CT DOTS, the framework to guide monitoring of children's progress toward the goals within the CT ELDS. The CT DOTS addresses the early learning and development milestones for infants and toddlers. Special attention has been given to the developmental milestone for infant and toddlers to ensure that providers and caregivers have knowledge and skills to provide high quality services for infants and toddlers.

X   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:
OEC has specifically identified strategies in its Early Care and Education Action Plan to create better resources to communicate with families on program availability, safety, quality, and eligibility with particular focus on improving relationships with and communication to racially and culturally diverse families and those families with additional stressors. In addition to this, the agency is investing in additional campaigns around infant toddler brain building as a shared community effort that depends on rich environments supporting of cognitive and social-emotional development.

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. Describe:

7.5.2 Describe the measureable indicators of progress relevant to this use of funds 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.

Throughout the agency the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics. As noted in the Early Care and Education Action Plan, the OEC will be

- **defining shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders**
- **Translating the outcomes into measurable metrics that can be tied to existing administrative data sets and shared publicly**
- **Communicating the progress early care and education providers are making toward the achievement of family outcomes**

While these shared agency outcomes are not yet fully defined, they are likely to include 2-gen metrics such as child deaths, suspensions and expulsions, family economic stability (working status, income, etc.), Kindergarten Entry Inventory scores, child abuse and neglect rates. Intermediate metrics on process may include parent opinion metrics, program licensing violations, screenings and referrals to other supporting programs, QRIS scores, ERS ratings, and racial equity access numbers, among many others. For infants in particular, these metrics may include:

- **Increased infant and toddler capacity (by region and care type)**
- **Increased infant and toddler enrollment (compared to need)**
- **Increased infant and toddler rates**
- **Increased number of providers accepting infants and toddlers**
- **Increased number of qualified staff enrolled in Workforce Registry**
- **Increased retention of early care and education workforce**
- **Increased gains in cognitive and social emotional development**

The agency is currently developing the infrastructure needed to complete progress analysis including developing data-sharing arrangements with sister state agencies to access relevant outcomes data, completing development of data systems and data analytics capacity (through staff and contracts with trusted partners). When this development has been completed, the agency will establish more formal baselines and targets for improving program quality.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand 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.

7.6.1   Describe the measureable indicators of progress relevant to this use of funds 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.

Throughout the agency the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics. As noted in the Early Care and Education Action Plan, the OEC will be

- defining shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders

- Translating the outcomes into measurable metrics that can be tied to existing administrative data sets and shared publicly

- Communicating the progress early care and education providers are making toward the achievement of family outcomes

While these shared agency outcomes are not yet fully defined, they are likely to include 2-gen metrics such as child deaths, suspensions and expulsions, family economic stability (working status, income, etc.), Kindergarten Entry Inventory scores, child abuse and neglect rates. Intermediate metrics on process for CCR&R investments may include parent opinion metrics, screenings and referrals to other supporting programs, process metrics (timeliness, complaints, etc.), and racial equity access numbers, full utilization of available slots and vouchers, enrollment of priority populations, completeness of provider database to facilitate communication and analysis, and recruitment of new providers, among many others.

The agency is currently developing the infrastructure needed to complete progress analysis including developing data-sharing arrangements with sister state agencies to access relevant outcomes data, completing development of data systems and data analytics capacity (through staff and contracts with trusted partners). When this development has been completed, the agency will establish more formal baselines and targets for improving program quality.

7.7   Facilitating Compliance with State Standards

7.7.1   What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

The one of the main focuses of the Early Care and Education Action Plan is to make modifications to the way the agency carries out its business to better support providers in achieving compliance. For example,

Regulations Revisions: The OEC is undergoing a process to revise licensing regulations to make them more clear and supportive of high quality practice with significant public input guiding the revisions.

Workgroups:

Licensing Workgroup: The OEC has announced it is launching a workgroup to modify OEC's approach to inspections to maximize safety, increase support to achieve compliance, and minimize burden with particular emphasis on enhancing the *support* to providers to achieve compliance that will include better communication, including translated communications, to support understanding of and compliance with licensing regulations as well as material support for compliance in the form of technical assistance or goods such as fire extinguishers and safe sleep sacks.

Communications: The OEC is investing in increasing the effectiveness of its communications regarding requirements and ways to support compliance such as promoting access to free required trainings, distributed support and materials, or best practices (such as for safe sleep).

Free Supports: The OEC offers a number of free supports to programs to help facilitate providers compliance with requirements. For licensing and CCDF requirements, the OEC has assembled free resources that satisfy 100% of the training requirements placed on providers through free online coursework and free in-person trainings (Provider Orientation, CPR, Medication Administration, Safe Sleep, director's coursework, etc.) with the topics required for CCDF and sufficient number of free hours to satisfy licensing requirements. These activities are connected to Care4Kids databases to allow for assessment of compliance without added reporting burdens, with the OEC is working to enhance.

7.7.2   Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No.

X   Yes. If yes, which types of providers can access this financial assistance?

X   Licensed CCDF providers

X   Licensed non-CCDF providers

X   License-exempt CCDF providers

Other. Describe: _____

7.7.3   Describe the measureable indicators of progress relevant to this use of funds 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.

Throughout the agency the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics. As noted in the Early Care and Education Action Plan, the OEC will be

•   defining shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders

•   Translating the outcomes into measurable metrics that can be tied to existing administrative data sets and shared publicly

•   Communicating the progress early care and education providers are making toward the achievement of family outcomes

While these shared agency outcomes are not yet fully defined, they are likely to include 2-gen metrics such as child deaths, suspensions and expulsions, family economic stability (working status, income, etc.), Kindergarten Entry Inventory scores, child abuse and neglect rates. Intermediate metrics on process may include parent opinion metrics, program licensing violations, screenings and referrals to other supporting programs, QRIS scores, ERS ratings, and racial equity access numbers, among many others. For example, the required Online Health and Safety Orientation includes relevant assessment ensuring providers acquisition of skill and competencies. In order to complete the full orientation each assessment must be completed, and the provider receives a passing score. The OEC Professional Registry tracks all required training completions.

For compliance in particular, these metrics may include:

•   Reduced use of unregulated unlicensed care

•   Reduced number of violations and suspended licenses

•   Increased utilization of/satisfaction with free trainings and supports providers

•   Increased number of licensed providers

The agency is currently developing the infrastructure needed to complete progress analysis including developing data-sharing arrangements with sister state agencies to access relevant outcomes data, completing development of data systems and data analytics capacity (through staff and contracts with trusted partners). When this development has been completed, the agency will establish more formal baselines and targets for improving program quality.

7.8   Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1   Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Throughout the agency the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics. As noted in the Early Care and Education Action Plan, the OEC will be

- defining shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders

- Translating the outcomes into measurable metrics that can be tied to existing administrative data sets and shared publicly

- Communicating the progress early care and education providers are making toward the achievement of family outcomes

While these shared agency outcomes are not yet fully defined, they are likely to include 2-gen metrics such as child deaths, suspensions and expulsions, family economic stability (working status, income, etc.), Kindergarten Entry Inventory scores, child abuse and neglect rates. Intermediate metrics on process may include parent opinion metrics, program licensing violations, screenings and referrals to other supporting programs, QRIS scores, ERS ratings, and racial equity access numbers, among many others. For example, data from the QRIS pilot will be utilized to consider program quality. Because the QRIS is currently under development, no baseline data is yet available to set measurable targets and their impact on the child. Once baseline data is available, targets will be set.

The agency is currently developing the infrastructure needed to complete progress analysis including developing data-sharing arrangements with sister state agencies to access relevant outcomes data, completing development of data systems and data analytics capacity (through staff and contracts with trusted partners). When this development has been completed, the agency will establish more formal baselines and targets for improving program quality.

7.8.2   Describe the measureable indicators of progress relevant to this use of funds 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.

Throughout the agency the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics. As noted in the Early Care and Education Action Plan, the OEC will be

- defining shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders

- Translating the outcomes into measurable metrics that can be tied to existing administrative data sets and shared publicly

- Communicating the progress early care and education providers are making toward the achievement of family outcomes

While these shared agency outcomes are not yet fully defined, they are likely to include 2-gen metrics such as child deaths, suspensions and expulsions, family economic stability (working status, income, etc.), Kindergarten Entry Inventory scores, child abuse and neglect rates. Intermediate metrics on process may include parent opinion metrics, program licensing violations, screenings and referrals to other supporting programs, QRIS scores, ERS ratings, and racial equity access numbers, among many others. For example, data from the QRIS pilot will be utilized to consider program quality. Because the QRIS is currently under development, no baseline data is yet available to set measurable targets and their impact on the child. Once baseline data is available, targets will be set.

The agency is currently developing the infrastructure needed to complete progress analysis including developing data-sharing arrangements with sister state agencies to access relevant outcomes data, completing development of data systems and data analytics capacity (through staff and contracts with trusted partners). When this development has been completed, the agency will establish more formal baselines and targets for improving program quality.

7.9   Accreditation Support

7.9.1   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?

X   Yes, the state/territory has supports operating statewide or territory-wide. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. **The Office of Early Childhood implements a state- wide NAEYC Accreditation Quality Improvement System (AQIS). In existence since 1991, this system assists early childhood community- and school-based programs to achieve NAEYC Accreditation. CT has the third largest number of NAEYC Accredited programs in the country.**
Connecticut is piloting a Quality Recognition and Improvement System (QRIS) to improve the quality of and provide technical assistance to all types of settings including center, school and family based programs. Support provided by the AQIS will be a function of the QRIS. The Office of Early Childhood will partner with the Quality Improvement contractor(s) to operate the QRIS. The QRIS will provide cohort-based supports including monthly meetings and individualized on-site assistance to licensed center-based providers and free training and technical assistance to achieve performance of NAEYC's 10 Program Standards to all settings.

The QRIS will include NAFCC Accreditation support for family home-based providers. Supports will be provided by trained facilitators with expertise in home-based settings and best practices and will parallel the established support for center- based programs (on-site visits, cohort meetings, and training) with appropriate modifications to content, format, and intensity as necessitated for home-based providers.

☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe: _____

☐ No, but the state/territory is in the accreditation development phase.

☐ No, the state/territory has no plans for accreditation development.

7.9.2 Describe the measureable indicators of progress relevant to this use of funds 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.

Throughout the agency the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics. As noted in the Early Care and Education Action Plan, the OEC will be

- **Defining shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders**
- **Translating the outcomes into measurable metrics that can be tied to existing administrative data sets and shared publicly**

- **Communicating the progress early care and education providers are making toward the achievement of family outcomes**

While these shared agency outcomes are not yet fully defined, they are likely to include 2-gen metrics such as child deaths, suspensions and expulsions, family economic stability (working status, income, etc.), Kindergarten Entry Inventory scores, child abuse and neglect rates. Intermediate metrics on process may include parent opinion metrics, program licensing violations, screenings and referrals to other supporting programs, QRIS scores, ERS ratings, and racial equity access numbers, among many others. For example, Connecticut's Early Childhood Professional Registry will monitor progress and achievement of NAEYC and NAFCC accreditation. The data tracked includes benchmarks in each accreditation system including submission of required documents to national accrediting bodies, achievement of staff qualifications requirements in each system and for CT's qualifications requirements, and the number of individuals who have achieved compliance with CCDF Professional Development Requirements. Specific progress indicators related to Accreditation may include:

- **Increased number of NAEYC and NAFCC accreditations**
- **Increased number of qualified staff enrolled in Workforce registry**
- **Increased number of providers meeting workforce requirements**
- **Increased utilization of developmental screening tools by providers and families**
- **Increased number of licensed family-based care providers**
- **Increased number of providers with QRIS rating**

The agency is currently developing the infrastructure needed to complete progress analysis including developing data-sharing arrangements with sister state agencies to access relevant outcomes data, completing development of data systems and data analytics capacity (through staff and contracts with trusted partners). When this development has been completed, the agency will establish more formal baselines and targets for improving program quality.

7.10 **Program Standards**

How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to:

X   Health. Describe the supports: **The OEC is working to improve the field's connection with out-of-classroom supports to better support child and family success. Over the course of the plan, the OEC will be enhancing program standards regarding health supports as it increases access to health supports available to providers, such as screening and referral, complementary services, etc.**

  X   Mental health. Describe the supports: Connecticut is a Pyramid Model State. The goal is to fully incorporate the Pyramid Model principals all quality improvement activities.

Nutrition. Describe the supports: _____

Physical activity. Describe the supports: _____

Physical development. Describe the supports: _____

7.10.2 Describe the measureable indicators of progress relevant to this use of funds 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.

Throughout the agency the OEC is developing the capacity and infrastructure to have a strong focus on child and family outcomes as well as a focus on any intermediate metrics. As noted in the Early Care and Education Action Plan, the OEC will be

- **defining shared, meaningful family outcomes that are based on shared goals of OEC, providers, advocates, families, and other stakeholders**

- **Translating the outcomes into measurable metrics that can be tied to existing administrative data sets and shared publicly**

- **Communicating the progress early care and education providers are making toward the achievement of family outcomes**

While these shared agency outcomes are not yet fully defined, they are likely to include 2-gen metrics such as child deaths, suspensions and expulsions, family economic stability (working status, income, etc.), Kindergarten Entry Inventory scores, child abuse and neglect rates.

The agency is currently developing the infrastructure needed to complete progress analysis including developing data-sharing arrangements with sister state agencies to access relevant outcomes data, completing development of data systems and data analytics capacity (through staff and contracts with trusted partners). When this development has been completed, the agency will establish more formal baselines and targets for improving program quality.

7.11 **Other Quality Improvement Activities**

7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress 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. _____

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.

8.1   Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1   Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

X   Issue policy manual

X   Issue policy change notices

X   Staff training. Describe: **Regular onsite training is provided all staff members who administer the CCDF program**

X   Ongoing monitoring and assessment of policy implementation. Describe: **OEC performs regular monitoring of the CCDF program through a contract and case review process. UW of CT has quality assurance unit responsible for reviewing family cases.**

☐   Other. Describe: _____

8.1.2   Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (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, including the following:

X   Verifying and processing billing records to ensure timely payments to providers. Describe: **The OEC reviews payments reports monthly to ensure all payments made to providers are timely.**

X   Fiscal oversight of grants and contracts. Describe: **The OEC Fiscal Department maintains overall responsibility for the administration of the CCDF program and has established comprehensive controls to direct and monitor vendor performance. The OEC Fiscal Department follows all federal and state rules governing financial and program management and ensures compliance with state and federal audit requirements. The OEC Fiscal Department maintains sole responsibility for issuing policy directives and monitors all contracted entities for compliance. Vendors are required to meet the performance standards establish in their contract. The OEC Fiscal Department utilizes management reports and audits to monitor compliance.**

X   Tracking systems to ensure reasonable and allowable costs. Describe: **The OEC Fiscal Department review all cost are reasonable and allowable prior to approving payment.**

☐   Other. Describe: _____

8.1.3   Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

X   Conduct a risk assessment of policies and procedures. Describe: **The OEC conducts an annual contract review with includes an onsite interview with key UW of CT staff.**

☐   Establish checks and balances to ensure program integrity. Describe: _____

X   Use supervisory reviews to ensure accuracy in eligibility determination. Describe: **The UW of CT has a dedicated Quality Assurance Unit which reviews family case to ensure eligibility determination accuracy. The OEC also conducts a monthly case review to determine if any family certificates were improperly paid.**

☐   Other. Describe: _____

8.1.4   Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a)   Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

  X   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)).

  ☐   Run system reports that flag errors (include types). Describe: _____

  ☐   Review enrollment documents and attendance or billing records.

  X   Conduct supervisory staff reviews or quality assurance reviews.

  ☐   Audit provider records.

  X   Train staff on policy and/or audits.

  X   Other. Describe: **Through a memorandum of agreement between the OEC and Department of Social Services (DSS), the OEC utilizes the DSS Fraud Early Detection Unit (FRED) as a system to detect and prevent errors before the agency approves benefits. This program is a fraud prevention program.**

b)   Check which activities the Lead Agency has chosen to conduct to identify administrative errors.

  X   Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

  ☐   Run system reports that flag errors (include types). Describe: _____

☐ Review enrollment documents and attendance or billing records.

X Conduct supervisory staff reviews or quality assurance reviews.

☐ Audit provider records.

X Train staff on policy and/or audits.

X Other. Describe: **The OEC conducts a monthly case review to determine if any family certificates were improperly paid.**

8.1.5 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. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

a) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____

X Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

X Recover through repayment plans.

X Reduce payments in subsequent months.

X Recover through state/territory tax intercepts.

☐ Recover through other means.

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

☐ Other. Describe: _____

b) Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations. _____

c) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____

X Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

X Recover through repayment plans.

X Reduce payments in subsequent months.

X Recover through state/territory tax intercepts.

☐ Recover through other means.

☐ Establish a unit to investigate and collect improper payments. Describe: _____

X   Other. Describe: **Through a memorandum of agreement between the OEC and Department of Social Services (DSS), the OEC utilizes the DSS Fraud Early Detection Unit (FRED) as a system to detect and prevent errors before the agency approves benefits. This program is a fraud prevention program.**

d) Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.

☐   Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____

X   Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).

X   Recover through repayment plans.

X   Reduce payments in subsequent months.

X   Recover through state/territory tax intercepts.

☐   Recover through other means.

☐   Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

☐   Other. Describe: _____

8.1.6   What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

X   Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. **The Office of Early Childhood disqualifies clients following a criminal conviction or an administrative disqualification hearing adjudication. The penalty is progressive: 3 months, 6 months, and 12 months for the 1st, 2nd, and 3rd offense. The disqualification penalty may be appealed through the administrative hearing process conducted by the OEC.**

X   Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. **A lifetime disqualification penalty is imposed on providers following a criminal conviction. The only recourse is an appeal to a court of jurisdiction.**

X   Prosecute criminally.

☐   Other. Describe: _____