Child Care and Development Fund (CCDF) Plan
For

District of Columbia
FFY 2014-2015

PART 1
ADMINISTRATION

1.1 Contact Information

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), 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)

1.1.1 Who is the Lead Agency designated to administer the CCDF program? Identify the Lead Agency and Lead Agency's Chief Executive Officer designated by the State/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), §98.10)

Effective Date: 01-OCT-13

Name of Lead Agency: Office of the State Superintendent of Education

Address of Lead Agency: 810 First Street NE, Washington DC 20002

Name and Title of the Lead Agency's Chief Executive Officer: Jesus Aguire, State Superintendent

Phone Number: 202-727-6436

Fax Number: 202-727-2019

E-Mail Address: jesus.aguirre@dc.gov

Web Address for Lead Agency (if any): www.osse.dc.gov

1.1.2 Who is the CCDF administrator? Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/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 entity with administrative responsibilities and include contact information.** (§§98.16(a) and (c)(1))

 a) Contact Information for CCDF Administrator:

Effective Date: 01-OCT-13

Name of CCDF Administrator: Raeshawn Crosson

Title of CCDF Administrator: Chief Operation Officer

Address of CCDF Administrator: 810 First Street NE, Washington DC 20002

Phone Number: 202-727-6436

Fax Number: 202-727-2019

E-Mail Address: raeshawn.crosson@dc.gov

Phone Number for CCDF program information
(for the public) (if any): 202-727-6436

Web Address for CCDF program
(for the public) (if any): www.osse.dc.gov

Web Address for CCDF program policy manual
(if any): www.osse.dc.gov

Web Address for CCDF program administrative rules
(if any): www.osse.dc.gov

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

Name of CCDF Co-Administrator: n/a

Title of CCDF Co-Administrator: n/a

Address of CCDF Co-Administrator: n/a

Phone Number: n/a

Fax Number: n/a

E-Mail Address: n/a
Description of the role of the Co-Administrator:

n/a

1.2 Estimated Funding

1.2.1 What is your expected level of funding for the first year of the FY 2014 - FY 2015 plan period?

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (§98.13(a)).

Effective Date: 01-OCT-13

FY 2014 Federal CCDF allocation (Discretionary, Mandatory and Matching): $ 10,107,898
Federal TANF Transfer to CCDF: $ 0
Direct Federal TANF Spending on Child Care: $ 36,947,695
State CCDF Maintenance-of-Effort Funds: $ 4,566,972
State Matching Funds: $ 2,605,362

Reminder - Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be expended on administration costs (§98.52) once all FY2014 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

1.2.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)? Check all that apply.
Territories not required to meet CCDF Matching and MOE requirements should mark

☐ N/A here

Note: The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

☑ Public funds 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.
If checked, identify source of funds:

Local appropriated funds

If known, identify the estimated amount of public funds the Lead Agency will receive:
30,569,171

☐ Private Donated Funds to meet the CCDF Matching Fund requirement. Only private 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 number of entities designated to receive private donated funds and provide name, address, contact and type:

If known, identify the estimated amount of private donated funds the Lead Agency will receive:
☐ State expenditures for Pre-K programs to meet the CCDF Matching Funds requirement.

If checked, provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures (not to exceed 30%):

If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services:

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If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement:

Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

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☐ State expenditures for Pre-K programs to meet the CCDF Maintenance of Effort (MOE) 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 98.53(h)(1).
Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures (not to exceed 20%):

If percentage is more than 10% of the MOE fund requirement, describe how the State will coordinate its pre-k and child care services to expand the availability of child care:

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If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement:

 Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

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1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2014 - 2015. Note: Funding estimate is limited to FY 2014 In as much detail possible, list the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to the Lead Agency's overall goal of improving the quality of child care for low-income children.

Estimated Amount of CCDF Quality Funds For FY 2014	Activity (Lead Agency should include description of quality activities that cover FY 2014 and also information about activities for FY 2015, if available)	Purpose	Projected Impact and Anticipated Results (if possible)
Infant/Toddler Targeted Fund 150,000	Support Infant and Toddler community based programs	Create Infant and Toddler Centers of Exemplary Practice that will service as community –based models of best practice in the area of infant/toddler care. Improve the overall quality of Infant and Toddler Programs in the District of Columbia through the implementation of financial and professional development supports designed to assist community-based infant/toddler centers in reaching high-quality standards.	Increase the number of quality infant and toddler slots in center based and home based programs by 200.

School-Age/Child Care Resource and Referral Targeted Funds 327,500	Support Out of School Time programs for children from the Newcomer Community Support the Professional Development Registry	Assist out of school time services for TANF or TANF- eligible children, ages 3 through 12 years, from the Newcomer Communities in the District of Columbia whose parents have limited English proficiency. Support the Professional Development Registry as well as partner with the OSSE Information Technology Team to conduct an assessment of the database and implement a plan that transitions the database over to the OSSE network.	Increase the number of Out of School Time slots for Limited English Proficient Newcomer Community Increase support to stakeholders in accessing web-based resources through the professional development registry
Quality Expansion Targeted Funds 450,000	Provide training and technical assistance for in-home and relative care providers Support inclusion partnerships Support market rate increases	Improve services delivered by in-home and relative care providers who participate in the OSSE Child Care Subsidy Program and to help improve the development and school readiness of the children in their care through provider training, monitoring, networking, and newsletters. Build internal partnership with early intervention for greater access to programs for all children Increase subsidy rates to be in line with the 75th percentile market rate.	Increase and improve the quality of child care services of in-home and relative care providers. Increase the number of quality child care slots through increased professional development, and increased market rates Increase the number of professional development opportunities for early childhood practitioners in the area of early intervention and therefore building professional capacity that will included well trained individuals that will support children with special needs.

| Quality Funds (not including Targeted Funds) 913,585 | Provide scholarship support for early childhood professionals

Support CDA Training

Support technical assistance opportunities for individuals to become licensed

Enhance the Education Information Management System

Support parental education and workshops

Support health and safety training (including CPR/FA and Child Maltreatment)

Support QRIS Redesign | Provide technical assistance in becoming a licensed child development facility provider

Support opportunities for preparation in the core Child Development Associate competencies to work in the field of early care and education.

Train early care and education providers on the signs of child maltreatment, policies and procedures for responding to signs of child maltreatment, and reporting incidents or suspected incidents for child maltreatment

Train early care and education providers on CPR and First Aid

Provide support and financial aid to early childhood educators seeking an Associate or Bachelor's degree in early childhood education or child development.

Support parental access to quality information on early childhood programs | Increase the number of skilled early learning professionasl in the District of Columbia

Enhanced early learning information system and data collection tools for greater accessibility of real time data.

Enhanced Quality Information Rating System for greater accountability

Increased numbers of highly qualified early childhood professionals

Increased access to resources that will inform parents about quality early childhood programs |

1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?

Note: This question is to obtain information on whether the Lead Agency retains decision making responsibilities regarding the quality dollars at the State/Territory level or if funds are distributed to local entities

Does the State maintain decisions at the State level, or are funds distributed to locals that have some decisions on how funds are spent.

☑ No, the Lead Agency will not distribute any quality funds directly to local entities
☐ Yes, all quality funds will be distributed to local entities
☐ Yes, the Lead Agency will distribute a portion of quality funds directly to local entities.
Estimated amount or percentage to be distributed to localities

☐ Other.
Describe:

1.3 CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place. The **description** of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.

<div align="right">Effective Date: 01-OCT-13</div>

Describe:

In accordance with OSSE's (the lead agency) mission and goals there exist several internal control procedures and policies designed to effectively manage and protect resources, monitor and measure performance, reduce and prevent fraud and ensure the collection of reliable and accurate data.

Control Activities:

- **Eligibility workers are trained by OSSE Eligibility Monitors on a yearly basis and are provided with an established policy manual. Both provide specific information on eligibility procedures.**
- **Original documents must be used to determine eligibility. Eligibility redetermination are conducted yearly with appropriate off cycle reviews.**
- **Channels of communications exists for individuals to report suspected improprieties.**
- **Education Service Monitors conduct quarterly attendance audits on monthly attendance records.**
- **On site monitoring, training and technical assistance is provided to sub recipients to ensure compliance with local, and federal laws, and OSSE policies and procedures**
- **Providers are required to comply with all regulatory requirements for licensing; all local and federal laws; and terms and conditions of the grant, contract, agreement and/or MOU.**
- **Periodic random quality assurance reviews are conducted on data collected in the system.**

1.3.2. Describe the processes the Lead Agency will use to monitor all sub-recipients. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. (98.11 (a) (3))

Definition: A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient and vendor** (http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010). The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.

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Describe:

The Lead Agency monitors all CCDF sub-recipients. Written agreements and/or memorandums of understanding are in place for all sub-contractors and/or sub-grantees that include performance measures to ensure compliance with all federal and District regulations.

Monitoring Activities
The OSSE requires all new sub-recipients to participate in a New Subsidy Provider Orientation. The orientation includes a review of OSSE's policies, procedures and agreement expectations. Once the initial on site visit is complete, and the initial application is reviewed and approved, the provider signs an agreement. The agreement is renewable annually upon approval of the renewal application. Additionally, there is ongoing training and technical assistance offered to providers throughout the year to ensure compliance with OSSE's internal policies and procedures

Monitoring of Monthly Attendance
Attendance is collected monthly and audited by the Educational Service Monitors (ESM) quarterly. Attendance records may also be audited at any time that discrepancies are suspected. The ESM's conducts periodic reviews of the attendance by collecting recent pay statements and attendance reports along with the facility's attendance roster and reconciles and compares these documents for errors, underpayments, overpayments or errors in names, services provided, start date or termination date, excused or unexcused absences and number of days served. The ESM discuss all findings with the provider. In cases where there are substantial errors with the attendance the OSSE may impose sanctions such as Stop Placement Status or implement a corrective action plan.

The ESM shall in any instance where there is evidence that the provider has submitted fraudulent documentation with the intention of obtaining payment form the District of Columbia, OSSE shall exercise the right to terminate the year agreement for non-compliance and shall refer suspected cases of waste and fraud for investigation to OSSE's General Council and/or the District of Columbia's Office of the Inspector General and request termination of agreement. When a Provider's agreement has been terminated due to substantiated instance of fraud a provider will be designated as an Excluded Party pursuant to the DC Code 2-308.04 and the provider cannot solicit any contract with the District of Columbia Government for a period of thirty six (36)

months.

Monitoring on-site review of sub-recipients' records and Program Evaluation

OSSE conducts annual on-site monitoring visits and program evaluations to all sub-recipients. Programs maintain records on file for a minimum period of three years. These records must be accessible at all times for review upon request by officials from the District of Columbia Government or the Federal Government. All on-site visits support efforts to maintain quality and ensure compliance with OSSE agreements, grants, MOU's, annual renewal issuances, OSSE's quality tier reimbursement criteria, OSSE's internal policies and procedures, and the District's and CCDF regulations.

Grant Monitoring

OSSE's Grant Monitors completes desktop monitoring to include reviewing monthly invoices, attendance (if required in the grant) and reports for compliance with OSSE's grant performance standards. Each sub-grantee/sub-recipient is assigned a grant monitor. In addition, monthly and year end reports are submitted to OSSE by grantee/sub-recipients for review by the grant monitor. These reports, along with onsite monitoring, provide a thorough review of the grantee's compliance with OSSE's approved work plan, budget, and performance goals. If corrective action is needed, grant monitors, along with the grantee, develop quality improvement plans to support compliance with the grant requirements. Sub-recipients/grantees may include vendors that provide professional development, resource and referral services, and technical assistance..

Fiscal Monitoring

Sub-recipients expending $500,000 or more annually in federal funds must comply with the Federal Office of Management and Budget OMB – A133 Single Audit requirements for non-profit organizations and the Generally Accepted Government Auditing Standards' (GAGAS) which are the guidelines for the annual audit required by all for profit organizations in receipt of $500,000 or more in federal funds. These organizations must submit an Independent Auditor's Report with the financial opinion of a Certified Public Accountant. Sub-recipients with income and revenues less than $500,000 annually must submit a financial review as conducted by a Certified Public Accountant with the corresponding notes and letter of opinion. Both financial reviews and audits must be conducted annually and should be submitted no later than one hundred and eighty (180) days following the close of the provider's fiscal year.

Eligibility Monitoring

The Child Care Eligibility Monitoring Unit in OSSE's Office of the Chief of Operation has the primary responsibility to monitor all eligibility determinations completed by intake/eligibility workers at the District of Columbia's Department of Human Services/Child Care Service Division and the Community Based Level II Provider sites. Level II providers are community based organizations and sub-recipients that have agreements with OSSE to complete on-site eligibility determination for their program only. Eligibility records are selected for review to verify the accuracy and completeness of the information used in the eligibility determination process. One hundred percent of applications processed by Level II eligibility workers are monitored on an annual basis. The Child Care Eligibility Monitoring Unit shares eligibility determination statistics monthly with the DHS/CCSD Supervisor as well as all Level II Providers. A report of findings with expected corrective actions is issued after each eligibility monitoring visit. The Child Care Eligibility Monitors conduct follow up visits to verify corrective actions, if needed.

Licensing

The Child Care Licensing Unit inspects all licensed child development facilities to ensure compliance with health and safety regulation as outlined in DCMR 29 and the CCDF Plan.

1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to **areas identified through the Error Rate Review** process (98.100). Check which activities, if any, the Lead Agency has chosen to conduct.

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Type of Activity	Identify Program Violations	Identify Administrative Error
Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid))	☑	☐
Share/match data from 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)	☑	☑
Review of attendance or billing records	☑	☑
Audit provider records	☑	☑
Conduct quality control or quality assurance reviews	☑	☑
Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	☑	☑
Conduct supervisory staff reviews	☑	☑
Conduct data mining to identify trends	☑	☑
Train staff on policy and/or audits	☑	☑
Other. Describe	☐	☐
None	☐	☐

For any option the Lead Agency checked in the chart above other than none, please describe:

• The OSSE subsidy team collaborates and shares data with the District's Department of Health and Department Human Services. This includes data about TANF and other social programs.

- A "Pending Eligibility Review Report" is conducted every month for Level II providers. (Level II Providers are child care providers who have agreements with OSSE to conduct their own eligibility). The Department of Human Services (DHS) is encourage to run this report for the cases that they manage every month as well.
- The Education Services Monitors (ESM) conduct quarterly reviews of attendance reports and align them with the enrollment documents to ensure that there were no over/under payments paid to the providers due to a misstatement reported on the attendance. The ESM's physically visit the sites and review all pertinent documents.
- Level II providers are audited once a year at a rate of 100%. The review focuses on the five factors of Eligibility, Relationship, Residency, Citizenship, Need and Income.
- Records managed by DHS are radomly reviewed annually at a rate of 25%.
- The ESMs conduct yearly visits to the sites to ensure that the programs are in align with District policies and procedures. During the visits the program's quality and curriculum are assessed. During the eligibility audits, the Eligibility Monitors review documents for accuracy and ensure that there are proper procedures in place during the intake and records maintenance process.
- Determinations involving provider "Stop Placement" (of children) or terminations from the subsidy program must be signed off by the supervisor. Additionally, before providers are paid for a month of service, a senior level supervisor must authorize the Accounts Payable Unit to process the monthly payment.
- During the development of the Early Learning Management System, our team used data mining techniques to determine historic changes in rates and whether rate changes coincided with tier and payment adjustments. OSSE plans to further develop the use of data mining in FY14.
- The ESMs and eligibility monitors conduct quarterly trainings for providers on attendance and eligibility policies. Providers may also receive individual trainings if requested.

If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:

1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error? Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and administrative error as defined in your State/Territory. **The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud (98.60(i)).**

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Strategy	UPV	IPV and/or Fraud	Administrative Error
Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: $ 1	☑	☑	☑

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe: OSSE coordinates with the District of Columbia's Office of the Inspector General and the Office of the Attorney General.	☑	☑	☑
Recover through repayment plans	☑	☑	☑
Reduce payments in the subsequent months	☑	☑	☑
Recover through State/Territory tax intercepts	☐	☐	☐
Recover through other means. Describe:	☐	☐	☐
Establish a unit to investigate and collect improper payments. Describe composition of unit:	☐	☐	☐
Other. Describe:	☐	☐	☐
None	☐	☐	☐

For any option the Lead Agency checked in the chart above other than none, please describe:

- OSSE recoups all funds that have been paid due to error(s). This recoupment can be done through a one time lump sum or through a payment plan approved by the supervisor.
- OSSE coordinates with the District of Columbia's Office of the Inspector General and the Office of the Attorney General on all cases when fraud is suspected.
- Any recoveries that are 10% or below the total amount of the provider payment, are automatically recouped by the Accounts Payable Unit during payment process. A recoupment plan, approved by the Supervisor, is established f or those recoupments that surpass 10% of the payment total.
- When there has been a recoupment plan established, OSSE will reduce payments for the months that have been identified in the plan.

1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

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☐ None
☑ Disqualify client.
 If checked, please describe, including a description of the appeal process for clients who are disqualified

 Every applicant or recipient has the right to appeal a decision made by the Department Human Services/Child Care Services Division (DHS/CCSD) Eligibility Worker or Level II Eligibility Worker as a result of any adverse action, including:
• Denial of application;
• Termination of services; or
• Dispute over the amount of the co-payment; or
• The applicant's record of payment.
   The DHS/CCSD Eligibility Worker or Level II Eligibility Worker must inform the applicant or recipient of:

• Their right to appeal any decision;
• The process for requesting an Administrative Hearing (previously known as a Fair Hearing) and the action steps that must be taken if requested;
• The requirement for the appeal to be in writing and filed (i.e. received) within 15 calendar days of the adverse decision;
• The availability of the Eligibility Worker to assist any applicant who conveys orally the desire to appeal a decision, in writing the appeal if requested. The applicant must sign the appeal request after review and approval;
• The freeze on service provision if the case is in the application stage until an appeal decision is rendered;
• The continuation of existing services with a timely request (within 15 calendar days of notification of the adverse action) until a decision is rendered;
• The possible discontinuation of services when the behavior of the parent/guardian or child creates a severe disruption to the child care program or a physical threat to the staff, children, or others. In this case the provider is not required to have further contact with the family;
• The scheduling of a hearing by the Office of Administrative Hearings;
• The possibility of the need for additional documentation by the Hearing Officer;
• The expected completion of the process by the Hearing Officer within 60 days after the date of receipt of the original request;
• The finality of the decision made by the Administrative Hearing Officer; and
• Receipt of the decision by the Hearing Officer in writing to all parties.

☑ Disqualify provider.
If checked, please describe, including a description of the appeal process for providers who are disqualified

The Provider may appeal the Assistant Superintendent of Education decision by submitting a written request for an appeal and reconsideration to the Superintendent within fifteen (15) calendar days of receipt of the decision. The State Administrator shall review the decision and any objections from the Provider, and issue a written decision that resolves the dispute within thirty (30) calendar days of the receipt of the Provider's appeal.

If the Provider is not satisfied with the written decision by the State Administrator, the Provider may seek a review of that decision by submitting a written request for a review to the Contract Appeals Board within fifteen (15) calendar days after the receipt of the decision.

☐ Prosecute criminally
☑ Other.
Describe.

OSSE refers suspected fraud to the District of Columbia's Office of the Inspector General

1.3.6 Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below. Territories not required to complete the Error Rate Review should mark
☐ N/A here

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Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)
Data inconsistency/errors such as family size and family income	Administrative errors	Inform and request DHS-CCSD and Level II providers to correct data inconsistency/errors such as family size and family income for the identified sixteen cases	August 1, 2013 ¿ September 30, 2013
Data inconsistency/errors such as family size and family income	Administrative errors	DHS-CCSD and Level II providers continue their data correction action for all active cases during the recertification process	September 1, 2013 ¿ September 30, 2014
Data inconsistency/errors such as family size and family income	Administrative errors	The Eligibility Institute develops materials and provides trainings on eligibility requirements, intake process, data entry and record management for DHS-CCSD colleagues and Level II providers	September 1, 2013 ¿ September 30, 2014

1.4 Consultation in the Development of the CCDF Plan

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

Definition: *Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. (§§98.12(b), 98.14(a)(1))

1.4.1 Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
☑ **Representatives of general purpose local government (required)** This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.	OSSE hosted a community forum and a public hearing for stakeholders. The CCDF draft plan is on the OSSE website for public viewing and comments for over a thirty day period. Additionally, OSSE routinely meets with the Early Learning Council, stakeholders and other local government agency to develop goals to enhance the quality of early education as outlined in the Mayor's Ready Schools, Ready Families and Ready Communities Plan.
For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.	
☑ State/Territory agency responsible for public education This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.	The Office of the State Superintendent of Education is the Lead Agency and partners with the District of Columbia Public School ¿ Early Stages (DCPS Early Intervention Program) and the Public Charter School Board. OSSE hosted a community forum and a public hearing for stakeholders. The CCDF draft plan is on the OSSE website for public viewing and comments for over a thirty day period.
☑ State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs	The Office of the State Superintendent fo Education is the Lead Agency. OSSE hosted a community forum and a public hearing for stakeholders. The CCDF draft plan is on the OSSE website for public viewing and comments for over a thirty day period.

☑ State/Territory agency responsible for licensing (if separate from the Lead Agency)	**The Office of the State Superintendent of Education is the Lead Agency.** **OSSE hosted a community forum and a public hearing for stakeholders. The CCDF draft plan is on the OSSE website for public viewing and comments for over a thirty day period.**
☑ State/Territory agency with the Head Start Collaboration grant	**The Office of the State Superintendent of Education is the Lead Agency.** **OSSE hosted a community forum and a public hearing for stakeholders. The CCDF draft plan is on the OSSE website for public viewing and comments for over a thirty day period.**
☑ Statewide Advisory Council authorized by the Head Start Act	**The DC State Early Childhood Advisory Council (Coordinating Council) partners with the lead agency-OSSE. A draft plan was sent to Members and were given the opportunity to review and provide comments on the draft plan.**
☑ Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	**OSSE hosted a community forum and a public hearing for stakeholders. The CCDF draft plan was posted on the OSSE website for public viewing and comments for over a thirty day period.**
☑ State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	**The Office of the State Superintendent of Education is the Lead Agency.**
☐ State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	
☐ State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)	
☐ State/Territory agency responsible for child welfare	
☐ State/Territory liaison for military child care programs or other military child care representatives	
☐ State/Territory agency responsible for employment services/workforce development	

☐ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)		
☐	Indian Tribes/Tribal Organizations ☐ N/A: No such entities exist within the boundaries of the State	
☐ Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21		
☐ Provider groups, associations or labor organizations		
☐ Parent groups or organizations		
☐ Local community organization, and institutions (child care resource and referral, Red Cross)		
☐ Other		

1.4.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §§98.14(C)). At a minimum, the description should include:

a) Date(s) of notice of public hearing: 05/09/2013
 Reminder - Must be at least 20 days prior to the date of the public hearing.

b) How was the public notified about the public hearing? Promotional activities included posting on the OSSE website; Advertisements were placed in local community newspapersc) Date(s) of public hearing(s): 05/31/2013
 Reminder - Must be no earlier than 9 months before effective date of Plan (October 1, 2013).

d) Hearing site(s) OSSE-810 First Street NE Washington DC and the Office of Unified

Communication- Martin Luther King Jr. Ave SE Washington DC

e) How was the content of the Plan made available to the public in advance of the public hearing(s)? The Draft plan was posted on the OSSE website.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Information provided by the public during the community forum and public hearing on the quality and appropriateness of current services, as well as priority areas identified will be factored into the development of the plan.

1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing. For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.

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A pre-planning community forum was held to support public participation in evaluating the effectiveness of current services and identification of service improvement priorities. Interpreter services were offered on demand. The public hearing was held on a non-traditional meeting day and time to accommodate parent and provider work schedules. The community forum and public hearing sites were accessible by public transportation and ADA compliant.

1.5. Coordination Activities to Support the Implementation of CCDF Services

Lead Agencies are required to *coordinate* with other Federal, State, local, Tribal (if applicable) and private agencies providing child care and early childhood development services

Definition - *Coordination* involves child care and early childhood and school-age development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

  Note: Descriptions of how governments are organized for each State are provided at: http://www2.census.gov/govs/cog/all_ind_st_descr.pdf.

1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).

Agency/Entity (check all that apply)		Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe the goals or results you are expecting from the coordination Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.
☑	Representatives of general purpose local government This may include, but is not limited to: representatives from counties and municipalities, local education representatives, or local public health agencies.	**Department of the Environment – OSSE partners with Department of Environment/DOE to ensure the health and safety of children in licensed child care homes and centers.**	**DOE provides training and conducts lead hazards screenings to ensure compliance with the District of Columbia Lead-Hazard Prevention and Elimination Act of 2008.**

☑	State/Territory agency responsible for public education **(required)** This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.	**DC Public Schools/DCPS–OSSE** engages DCPS through a Memorandum of Agreement and transfer of funds to support out of school time services. **DC Public Schools Early Stages-** diagnostic center for children three to five years old**.**	DC Public Schools provides highly structured out of school time services and services during the summer when regular school is not in session for income-eligible families. The Early Stages diagnostic center provides professional development training in Child Growth and Development, Health, Safety, and Nutrition and Social-Emotional Development and Mental Health.
☑	Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services **(required)**	**Department of Mental Health (DMH)**– OSSE is collaborating with DHS to expand its Early Childhood Mental Health Consultation program. **DC Public Schools Early Stages Center**– The Early Stages Center provides diagnostic services and referrals for children ages three to five years old. **Psychological Services Institute (PSI)**– PSI provides diagnostic screenings. **Edward C. Mazique Parent Child Center and United Planning Organization (UPO) Head Start and Early Head Start Programs**– OSSE Subsidy Program participants enrolled in Head Programs receive comprehensive services.	The DMH "Healthy Futures" program is currently offered in a few childhood development centers. Goal 1: Strengthen and increase coordination with partners to improve and expand service delivery Goal 2: Increase the number of partners to expand availability of services

☑	State/Territory agency responsible for public health **(required)** This may include, but is not limited to, the agency responsible for immunizations and programs that promote children's emotional and mental health	Partnership with the **Department of Health** on Project L.A.U.N.C.H. – *Linking Actions for Unmet Needs in Children's Health,* a SAMHSA funded grant.	**The long term goal of this partnership is to foster the healthy development and wellness of all young children birth through age 8 by bringing local child-serving agencies together to coordinate and streamline policies and practices for families and children and to fill service gaps where they may exist.**
☑	State/Territory agency responsible for employment services / workforce development **(required)**	**The DC Department of Employment Services; DC Department of Human Services, Income MaintenanceDivision**, and the **DC Housing Authority** serve the same primary customer base. The Lead Agency will partner with these agencies to address redundancies in the intake, eligibility, and early childhood referral processes.	**The goal is closer coordination with agencies providing employment services and workforce development services to reduce barriers to accessing child care. The focus will be reducing paperwork burden for low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education.**
☑	State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) including local human service agencies**(required)**	**Department of Human Services, Economic Security Administration (ESA)** manages eligibility determination for parents and families seeking financial assistance for child care.	**The goal is to build closer coordination and collaboration between ESA and the Lead Agency by structuring opportunities for regular consultation and information sharing. Better coordination will enhance strategic planning efforts and ensure the most beneficial use of available resources.**

☐	Indian Tribes/Tribal Organizations (required) ☑ N/A: No such entities exist within the boundaries of the State		

For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery

☑	State/Territory agency with the Head Start Collaboration grant	**OSSE is the public education agency and holds the Head Start Collaboration Grant.**	**The improved coordination and collaboration will result in more effective and efficient early childhood services to the residents of the District of Columbia.**
☐	State/Territory agency responsible for Race to the Top - Early Learning Challenge (RTT-ELC) ☑ N/A: State/Territory does not participate in RTT-ELC		
☑	State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	**OSSE/ Nutrition Services -** Since OSSE is the state agency responsible for the CACFP program, the Early Learning Team will continue to partner with Nutrition Services to ensure that children in licensed child care centers and homes receive nutritious meals.	**Collaboration to increase participation of Child Care Subsidy Program and out of school time participation in the Child and Adult Care Food Program.**

☑	State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs	**OSSE/Office of Specialized Education - OSSE, Early Intervention**–The Early Learning team will continue to partner with OSE to provide professional development opportunities for child care providers.	**Expand upon the partnership that was established to support professional development.**
☑	State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	**Department of Health -** OSSE will participate on the citywide Home Visitation Council.	**Continue efforts to build coordination and collaboration in order to maximize available resources and expand supports for vulnerable young children and their families** **The home visitation program will assist District families to gain access to needed services to improve the health care and educational development of their children.**
☑	State/Territory agency responsible for child welfare	**The Child and Family Services Administration (CFSA)** is the District's child welfare agency, responsible for protecting child victims and those at risk of abuse and neglect and assisting their families. The Lead Agency partners with CFSA to ensure the protection of children in child care centers and homes.	**Expand upon the current partnership by collaborating with CFSA in the development and promotion of child abuse and neglect training and professional development opportunities for providers**.

☐	State/Territory liaison for military child care programs or other military child care representatives		
☐	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21		
☑	Local community organizations (child care resource and referral, Red Cross)	The designated CCR&R provides child care resource and referral information to parents about infant and toddler, preschool, out-of-school-time, and weekend/evening services available in the District of Columbia. The Lead Agency will continue to provide families with information to help them access child care providers and resources regarding quality early care and education. It will also connect providers with resources to meet high-quality standards.	**Coordination with local community agencies will yield increased visibility and significantly improve the ease with which parents and providers are able to connect to child care resources and information.**
☑	Provider groups, associations or labor organizations	The Lead Agency will partner with provider groups and national and local associations and provider groups to ensure appropriateness and quality of services, effective communications and outreach.	**Strategic engagement to build an effective early childhood development system.**
☐	Parent groups or organizations		
☐	Other		

1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan? Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

☐ Yes. If yes,

        a)
        Provide the name of the entity responsible for the coordination plan(s):

        b)
        Describe the age groups addressed by the plan(s):

        c)
        Indicate whether this entity also operates as the State Advisory Council
        (as authorized under the Head Start Act of 2007):
        ☐ Yes
        ☐ No

        d)
        Provide a web address for the plan(s), if available:

☑ No

1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs? (658D(b)(1)(D), §98.14(a)(1)) Check which entity(ies), if any, the State/Territory has chosen to designate.

☐ State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.

If yes, describe entity, age groups and the role of the Lead Agency

☑ State Advisory Council (as described under the Head Start Act of 2007).

If yes, describe entity, age groups and the role of the Lead Agency

As a member of the State Early Childhood Development Coordinating Council (State Advisory Council) OSSE will engage and promote private sector involvement in meeting early care and education needs of children from birth through age five.

☐ Local Coordination/Council

If yes, describe entity, age groups and the role of the Lead Agency

☐ Other

Describe

☐ None

1.5.4 Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private sector involvement in meeting child care needs? (§98.16(d))

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☑ Yes .
If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership:

OSSE in coordination with the State Advisory Council will continue to improve coordination and collaboration among early childhood education and care programs and services in the District of Columbia for children from infancy through 5 years. Over the next two years, the State Advisory Council will guide this effort through extensive public and private stakeholder engagement. OSSE will engage stakeholders in an aggressive campaign to promote the early learning standard alignment with the common core; Solicit support and participation in the Enhance QRIS rating system.

The partnership will also include collaborative efforts with local universities to develop an early childhood professionals pipeline.

☐ No

1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster.

For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-01) located on the Office of Child Care website at: http://www.acf.hhs.gov/programs/occ/resource/im-2011-01

1.6.1. Indicate which of the following best describes the current status of your efforts in this area. <u>Check only ONE.</u>

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☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.

☐ **Developed.**   A plan has been developed as of **[insert date]:**   and put into operation as of **[insert date]:**   , if available. Provide a web address for this plan, if available:

☑ **Other.**
Describe:

OSSE has regulatory requirements and actively engages providers to develop their written emergency preparedness plans. OSSE will refine the Emergency Preparedness Training by partnering with local government agencies to enhance the training module.   The objective is for each provider to prepare a written emergency plan that addresses all hazards. All training will include instruction on planning, preparing, practicing, responding and recovering.   Education Service Monitors provide additional onsite technical assistance to address specific needs of center and home providers.   The monitoring and licensing units collaborate to ensure compliance with established policies and state regulations.

1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan. Check which elements, if any, the Lead Agency includes in the plan.

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☑ Planning for continuation of services to CCDF families

☑ Coordination with other State/Territory agencies and key partners

☑ Emergency preparedness regulatory requirements for child care providers

☑ Provision of temporary child care services after a disaster

☐ Restoring or rebuilding child care facilities and infrastructure after a disaster

☐ None

PART 2
CCDF SUBSIDY PROGRAM ADMINISTRATION

2.1 Administration of the Program

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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b), §98.11(a))

2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? Identify the level at which the following CCDF program rules and policies are established.

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☑ Eligibility rules and policies (e.g., income limits) are set by the:
  ☑ State/Territory
  ☐ Local entity.
If checked, identify the type of policies the local entity(ies) can set

  ☐ Other.
Describe:

☑ Sliding fee scale is set by the:
  ☑ State/Territory
  ☐ Local entity.
If checked, identify the type of policies the local entity(ies) can set

  ☐ Other.
Describe:

☑ Payment rates are set by the:
  ☑ State/Territory
  ☐ Local entity.
If checked, identify the type of policies the local entity(ies) can set

☐ Other.
Describe:

2.1.2. How is the CCDF program operated in your State/Territory? In the table below, identify which agency(ies) performs these CCDF services and activities.

Implementation of CCDF Services/Activities
Agency (Check all that apply)
Who assists parents in locating child care (consumer education)?

Implementation of CCDF Services/Activities
Who issues payments?
Who determines eligibility?
Note: If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:

Agency (Check all that apply)
☐ CCDF Lead Agency

☑ TANF agency

☐ Other State/Territory agency.

Describe:

☑ Local government agencies such as county welfare or social services departments

☐ Child care resource and referral agencies

☑ Community-based organizations

☐ Other.

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

Agency (Check all that apply)
☐ CCDF Lead Agency

☐ TANF agency

☐ Other State/Territory agency.

Describe:

☑ Local government agencies such as county welfare or social services departments

☑ Child care resource and referral agencies

☑ Community-based organizations

☐ Other.

Describe:

Who issues payments?

Agency (Check all that apply)

☑ CCDF Lead Agency

☐ TANF agency

☐ Other State/Territory agency.

Describe:

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

☐ Child care resource and referral agencies

☐ Community-based organizations

☐ Other.

Describe:

Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)
Payments for child care services are issued to the child care providers upon receipt of the monthly attendance. Payments are processed by the Lead Agency. Providers may choose to receive payment via a check delivered by standard mail.
Other. List and describe:

2.2. Family Outreach and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note** - For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), §98.30(a)) Check all agencies and strategies that will be used in your State/Territory.

☑ CCDF Lead Agency
☑ TANF offices
☑ Other government offices
☑ Child care resource and referral agencies
☑ Contractors
☑ Community-based organizations
☑ Public schools
☑ Internet
(provide website): www.osse.dc.gov

☑ Promotional materials
☑ Community outreach meetings, workshops or other in-person meetings
☐ Radio and/or television
☑ Print media
☐ Other.
Describe:

2.2.2. How can parents apply for CCDF services? Check all application methods that your State/Territory has chosen to implement.

☑ In person interview or orientation
☐ By mail
☐ By Phone/Fax
☐ Through the Internet
(provide website):

☐ By Email
☑ Through a State/Territory Agency
☑ Through an organization contracted by the State/Territory
☐ Other.
Describe:

2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices about the quality of

care provided by various providers in their communities.

Lead Agencies must certify that the State/Territory will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices (658E (c)(2)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available.

A grant award with the resource and referral agency (R&R) is in place to provide consumer education to families applying for CCDF assistance. The R & R provides parents with provider listing showing licensure history and currentQuality Rating and Improvement System (QRIS) ratings information for community based organizations. Additionally, informational brochures are distributed to parents that address the importance of quality and different child care options. The Resource and Referral Agency, shares program information with families seeking child care through a variety of mediums including an online database, walk-in consultation and phone referrals. Parents are informed about the quality ratings of each provider and receive a checklist to help them identify high-quality providers. The newly revised QRIS, Going for the Gold, also includes parent awareness materials.

2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in your State/Territory.

For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities.

OSSE uses a Quality Tiered Rate Reimbursement System to support and encourage Subsidy Providers/sub-recipients to increase and maintain quality in all aspects of the child care program. The Tiered Rate Reimbursement System (TRRS) is tied to quality indicators, and participants are awarded higher rates based on the ability to meet specified quality criteria for each of the three tiers. The objectives of the TRRS are:
- **To establish a system to reward programs that excel**
- **To increase quality of care for children and families in the District of Columbia**
- **To bring new providers into the Subsidy Program**
- **To increase subsidy slots**
- **To help consumers be more informed about options**
   OSSE provides a range of incentives to encourage programs to participate in the subsidy system. While all providers have access to the resources, priority is given to subsidy providers. Incentives for providers and practitioners include but are not limited to: higher education

scholarships, increased reimbursement rates, targeted professional development, accreditation support and technical assistance.

DC's QRIS, *Going for the Gold*, accepts applications from high quality programs. Currently, the QRIS has expanded participation to include providers that have traditionally not been able to participate because of their non-subsidy status. This expansion will help increase awareness of the subsidy program and expand participation beyond its current scope.

Going for the Gold also provides resources for participating programs to enhance their quality. The recently revised QRIS improved the alignment between program quality standards and the technical assistance and resources OSSE provides. Enhanced monitoring tools will be developed to ensure resources are targeted and data driven.

Technical assistance is made available to all providers. Support to providers seeking an initial or expanded child development facility license will continue. This initiative stresses the value of the subsidy system and ensures that participants representing diverse demographic areas are on the trajectory to meet subsidy requirements. Onsite technical assistance, professional development and team monitoring are other opportunities OSSE uses to support high quality standards.

Additionally, OSSE partners with private agencies through grant opportunities to support quality in the early learning community.   The State Community College recruits for cohorts of early childhood practitioners seeking the Associates of Arts Degree in Child Development – Infant Toddler Concentration. Scholarship opportunities will continued to be available to support the early learning workforce. Partial scholarships will also be available to Child Development Associate (CDA) candidates to help pay for the CDA credential assessment, renewal and second endorsement.   OSSE distributes a monthly professional development calendar via the Professional development Registry. It list multiple professional development opportunities

2.2.5. Describe how the Lead Agency promotes access to the CCDF subsidy program? Check the strategies that will be implemented by your State/Territory.

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☑ Provide access to program office/workers such as by:
☑ Providing extended office hours
☑ Accepting applications at multiple office locations
☐ Providing a toll-free number for clients
☐ Email/online communication
☐ Other.
Describe:

☑ Using a simplified eligibility determination process such as:
☐ Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)

☑ Developing a single application for multiple programs
☐ Developing web-based and/or phone-based application procedures
☐ Coordinating eligibility policies across programs.
List the program names:

☑ Streamlining verification procedures, such as linking to other program data systems
☑ Providing information multi-lingually
☑ Including temporary periods of unemployment in eligibility criteria for new applicants
(job search, seasonal unemployment).
Length of time: Three months

 (Note: this period of unemployment should be included in the Lead Agency's definition of
working, or job training/educational program at 2.3.3).

☐ Other.
Describe:

☐ Other.
Describe:

☐ None

**2.2.6. Describe the Lead Agencies policies to promote continuity of care for
children and stability for families.** Check the strategies, if any, that your State/Territory
has chosen to implement.

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☑ Provide CCDF assistance during periods of job search.
Length of time: One year

☑ Establish two-tiered income eligibility to allow families to continue to receive child care
subsidies if they experience an increase in income but still remain below 85% of State
median income (SMI)
☐ Synchronize review date across programs
List programs:

☑ Longer eligibility re-determination periods (e.g., 1 year).

Describe:

Re-determination periods are conducted annually

☐ Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs.
Describe:

☐ Extend periods of eligibility for school-age children under age 13 to cover the school year.
Describe:

☑ Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment
☐ Individualized case management to help families find and keep stable child care arrangements.
Describe:

☐ Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year
☐ Other.
Describe:

☐ None

2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency? Check the strategies, if any, that your State/Territory has chosen to implement.

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☑ Application in other languages (application document, brochures, provider notices)
☑ Informational materials in non-English languages
☑ Training and technical assistance in non-English languages
☐ Website in non-English languages

☑ Lead Agency accepts applications at local community-based locations
☑ Bilingual caseworkers or translators available
☐ Outreach Worker
☑ Other.
Describe:

The District of Columbia has access to a Language Access Line. Staff use a telephone based service to gain access to a host of translators to facilitate communication with non English speaking customers. Translators are available during operating hours.

☐ None
If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered :

Spanish is offered. Through the Language Line staff have access five other most use languages in the District of Columbia: Amharic, Chinese, French, Koren, and Vietnamese.

2.2.8. How will the Lead Agency overcome language barriers with providers? Check the strategies, if any, that your State/Territory has chosen to implement.

☑ Informational materials in non-English languages
☑ Training and technical assistance in non-English languages
☐ CCDF health and safety requirements in non-English languages
☐ Provider contracts or agreements in non-English languages
☐ Website in non-English languages
☑ Bilingual caseworkers or translators available
☐ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
☐ Other.

☐ None
If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered:

OSSE has access to the Language Access Line. Translators are available to facilitate communication with all customers. The top six non-English languages spoken in the District of Columbia are Spanish, French, Amharic, Korean, Vietnamese and Chinese.

2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a))

Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available:

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
☑ Applicant identity	**A current photo ID**
☑ Household composition	**The household composition should be identified by the customer on the Child Care Application to show relationship which includes spouse/other parent and dependent children**
☑ Applicant's relationship to the child	**Acceptable Documents for verification: A full size original birth certificate. the birth certificate must include the name of the parent/guardian(s) requesting services A birth certificate in a non-English language with a certified translation Hospital record of birth [acceptable for an infant under six months old signed by a licensed physician or licensed health care practitioner] the official birth certificate must be supplied with 30 days of the date of application Adoption papers with a finalization date, issued by a court A referral for child care services from an authorized District of Columbia government agency or its vendor that verifies relationship has been established**
☑ Child's information for determining eligibility (e.g., identity, age, etc.)	**A full size original birth certificate. the birth certificate must include the name of the parent/guardian(s) requesting services A birth certificate in a non-English language with a certified translation Hospital record of birth [acceptable for an infant under six months old signed by a licensed physician or licensed health care practitioner] the official birth certificate must be supplied with 30 days of the date of application Adoption papers with a finalization date, issued by a court District of Columbia Universal Health Certificate**

☑ Work, Job Training or Educational Program	**This group of applicants are working parent/guardians gainfully employed or in a valid qualifying activity for a minimum of 20 hours per week. Two parent/guardian household must have both parents/guardians working. The time frame that child care is requested and the parent/guardians work schedule must match. Acceptable documentation for verification:** **Three most recent consecutive pay statements (original statements) verifying employment including the name of the employee, social security number, the number of hours worked, wages and salary information for the pay period on the statement. At least one statement must be dated no more than 30 days prior to the date of application/eligibility determination;** **An original letter from the employer on business letterhead with the company name identified. The supervisory or manger must sign and date the letter. The letter must include the applicant's full name and address, start date of employment, gross wages or salary, work schedule (hours and days). The letter must be dated no more than 30 days prior to the date of application/eligibility determination;** **A letter is acceptable only in a case where pay statement is not normally given such as in domestic employment. A letter is also acceptable for an employee in a new job. The new employee must submit an original pay statement within 30 days of the application and must submit tow more pay statements to complete the requirement for three original pay statements; or** **An employee with direct deposit who does not receive pay stubs or an employee who has only self-generated computer pay statements, must supply a letter signed by his/her supervisor which specifies the employee's hours and salary.** **Referrals from the Economic Security Administration or one of its vendors who provide training and placement;** **Confirmation of job search from the Department of Employment Services;** **Confirmation of work experience program from DC Public School Office or Work Opportunities; Self-Employment Records-Self Employed persons must supply the same documents maintained for income and tax purposes:** **Letters of employment-Follow up is requested to submit pay stubs and/or tax verification** **Self-employment bookkeeping records** **Work schedules** **School registration records**

☑ Income	**INCOME: Gross salaries or wages of one or both parents, net income from self-employment, Social Security, Veteran's Benefits, Child's income such as social security, child support, unemployment benefits, Worker's Compensation, Alimony-court documents.** **Pay stubs** **Income tax records** **Child support enforcement records** **Other: Although there is no fee attached, customers are required to identify their source of income which includes but is not limited to TANF, Disability, and Veteran's SS Survivors Benefits**
☐ Other. Describe:	

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

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☑ Time limit for making eligibility determinations.
Describe length of time 30 Days

☑ Track and monitor the eligibility determination process
☑ Other.
Describe

Authorization of Child Care Applications is denied for any customer who does not follow up with requested documentation based on the eligibility with in 30 days.

☐ None

2.2.11. Are the policies, strategies or processes provided in questions 2.2.1 through 2.2.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D), §§98.16(g)(4), 98.33(b), 98.50(e))

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☑Yes.
If yes, describe:

The District of Columbia provides subsidized child care to TANF customers through a referral process. All TANF customers who are engaged in countable activities obtain a referral from their TANF social services representatives of TANF vendors. The referral form, an identification card and a health certificate for the child are all that are required for TANF customers to receive subsidized child care. TANF families may also complete intake and eligibility for child care at the state office or at community based organizations that serve as vendors for TANF.

☐ No.

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

The regulations at §98.33(b) require the Lead Agency 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 under 6 years of age. Lead Agencies must coordinate with TANF programs to ensure, pursuant 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 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.

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a) Identify the TANF agency that established these criteria or definitions:
    State/Territory TANF Agency District of Columbia's Department of Human Services, Economic Securities Administration

b) Provide the following definitions established by the TANF agency.
   • "appropriate child care": Child care must meet the parent's needs in terms of hours and location. The child care center or family child care provider must be licensed. An in-home or relative provider is exempt from licensing; however, s/he must meet the minimum requirements incorporated in the child care provider¿s agreement. The basic needs of the children must be met. These needs include: safety, developmental, social, cultural and health
   • "reasonable distance": Reasonable distance is defined as travel time it takes for a resident of the District of Columbia to drop off the child at the child care facility and arrive on time at work. This travel time should not exceed one and one-half hour from home to work. For District of Columbia residents who work outside the city in Maryland or Virginia, the travel time is defined as the time it takes to drop off the children at the child care facility and arrive on time to work. This travel time should not exceed two hours from home to work.
   • "unsuitability of informal child care": Unsuitable Informal Child Care is care that is not licensed or license ¿ exempt under the Child Care Subsidy Program Provider Agreement or does not meet the programmatic criteria as included in the executed Child Care Subsidy Program Provider Agreement with the Office of Early Childhood Education. Informal Child Care is defined as care provided by relative or in-home providers who are selected by the parents. Such providers must have an Official Provider Agreement with the Parent and the ECE along with current health certificates for themselves and the children in their care.
   • "affordable child care arrangements": Affordable Child Care Arrangements are terms of agreement between the Parents and the Provider that meet the needs of the Parents and the children by

using the Child Care Subsidy with the Providers in the District of Columbia. Parents can obtain care for their children using the available subsidy, as long as they are participating with the District of Columbia¿s extensive provider system, which includes all categories of care (infants, preschoolers, school-age), in all wards.

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

☑ In writing
☑ Verbally
☐ Other.
Describe:

2.3. Eligibility Criteria for Child Care

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

2.3.1. How does the Lead Agency define the following eligibility terms?

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residing with -

A person who is under the age of 18, or a person who is 18, 19, or 20 years of age and attending school full-time, who lives in the household of and is financially dependent upon, a parent or guardian.

in loco parentis -

In the place of parents. Individual(s) who have been charged, through legal action (e.g. by law or court order), with the same legal rights, duties and responsibilities as a parent or legal guardian.

2.3.2. Eligibility Criteria Based Upon Age

Effective Date: 01-OCT-13

a) The Lead Agency serves children from birth weeks to twelves years eleven month years (may not equal or exceed age 13).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☑Yes,and the upper age is 18years and eleven months (may not equal or exceed age 19). Provide the Lead Agency definition of *physical or mental incapacity* -

This group of applicants includes families with a child (or children) who have a disability or special health care need, and who is18 years and eleven months. These are children who do not function according to age appropriate expectations in one or more of the following areas of development: social/emotional, cognitive, communication, perceptual-motor, physical, or behavioral development; or who have chronic health problems.

☐No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes,and the upper age is   (may not equal or exceed age 19).
☑No.

2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

Effective Date: 01-OCT-13

a) How does the Lead Agency define "working" for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

Reminder - Lead Agencies have the flexibility to include any work-related activities in its definition of working, including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))
working-

An individual engaged in paid employment or in a countable activity at least 20 hours per week. This may include job search activities for up to one year and new applicants who are unemployed for up to three months if the unemployment is due to a layoff and is of no fault of the employee/applicant.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program? (§§98.16(g)(5), 98.20(b))

☑Yes.

If yes, how does the Lead Agency define "attending job training or educational program" for the purposes of eligibility? Provide a narrative description below.

Reminder - Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

attending job training or educational program -

An individual who participates in a documented program at least 20 hours a week. The educational activity leads to a GED or high school diploma, or other approved training program.

☐No.

2.3.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

Effective Date: 01-OCT-13

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☑Yes.

If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a narrative description below.

Reminder - Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

  Note - If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in protective services and should be included in this definition.

 protective services

Services which are designed to ensure that neglected and abused children referred by the DC Child and Family Services Agency and/or the District of Columbia Superior Court are protected from further experiences and conditions detrimental to their healthy growth and development, including services provided on behalf of a child which are designed to help parents recognize and remedy any conditions which might prove harmful to the child and to fulfill their parental roles more effectively (The District does not use CCDF funds for respite care for children in protective services.)

☐No.

b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☐ Yes.
☑ No.

2.3.5. Income Eligibility Criteria

Effective Date: 01-OCT-13

a) How does the Lead Agency define "income" for the purposes of eligibility? Provide the Lead Agency's definition of "income" for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

income -

For the purpose of eligibility the District of Columbia defines "income" as participants entering the program must have income equal to or less than 250% of the Federal Poverty Level (FPL) guidelines and exit the program when income reaches 300% of FPL. Countable income is the portion of the annual gross income of the family unit that is considered in computing the co-payment.

b) Which of the following sources of income, if any, will the Lead Agency exclude or deduct from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude or deduct, if any.

☑ Adoption subsidies
☑ Foster care payments
☐ Alimony received or paid
☐ Child support received
☑ Child support paid
☑ Federal nutrition programs
☑ Federal tax credits
☑ State/Territory tax credits
☑ Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance
☑ Medical expenses or health insurance related expenses
☑ Military housing or other allotment/bonuses
☐ Scholarships, education loans, grants, income from work study
☐ Social Security Income
☐ Supplemental Security Income (SSI)
☐ Veteran's benefits
☐ Unemployment Insurance
☑ Temporary Assistance for Needy Families (TANF)

☐ Worker Compensation
☐ Other types of income not listed above:

☐ None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

☑ Children under age 18
☑ Children age 18 and over - still attending school
☑ Teen parents
☑ Unrelated members of household
☑ All members of household except for parents/legal guardians
☐ Other.
Describe:

☐ None

d) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Reminder - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2013 poverty guidelines are available at http://aspe.hhs.gov/poverty/13poverty.shtml.

Family Size	(a) 100% of State Median Income (SMI)($/month)	(b) 85% of State Median Income (SMI)($/month) [Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) $/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	$3,101.41	$2,636.20	$2256.25	73%
2	$4,055.69	$3,447.34	$3035.42	75%
3	$5,009.97	$4,258.47	$3814.58	76%
4	$5,964.25	$5,069.61	$4593.75	77%
5	$6,918.53	$5,880.75	$5372.92/	78%

e) Will the Lead Agency have "tiered eligibility" (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

☑Yes.
If yes, provide the requested information from the table in 2.3.5d and **describe below:**

Note: This information can be included in the table below.

Entry Level: The Child Care Subsidy Income Sliding Fee Scale based upon the 2009 HHS Poverty Guidelines and the 2009 DC State Median Income. The fee scale incorporates 85% of the Sate Median Income as constrained by up to 300% of the Federal Poverty Guideline.

Exit Level: The exit level is set at the point where income equals 85% of the State Median Income (SMI) as constrained by 300% of the Federal Poverty Level (FPL). Where 85% of SMI exceeds 300% of the FPL, the income exceeds the maximum eligibility level and the family must exit. This is illustrated in the chart above through the empty shaded boxes where the 85% of SMI exceeds 300% of FPL, and therefore there is no qualifying income for those boxes.

☐No.

Family Size	(a) 100% of State Median Income (SMI) ($/month)	(b) 85% of State Median Income (SMI) ($/month)[Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) $/month	(d) % of SMI[Divide (c) by (a), multiply by 100]
1	$3,101.41	$2,636.20	$2,636.20	85%
2	$4,055.69	$3,447.34	$3,447.34	85%
3	$5,009.97	$4,258.47	$4,258.47	85%
4	$5,964.25	$5,069.61	$5,069.61	85%
5	$6,918.53	$5,880.75	$5,880.75	85%

f) SMI Year   2009   and SMI Source http://aspe.hhs.gov/poverty/09poverty.shtml

g) These eligibility limits in column (c) became or will become effective on:
October 1, 2009

2.3.6. Eligibility Re-determination

Effective Date: 01-OCT-13

Does the State/Territory follow OCC's 12 month re-determination recommendation? (See Program Instruction on Continuity of Care

http://www.acf.hhs.gov/programs/occ/resource/im2011-06

☑Yes
☐No. If no, what is the re-determination period in place for most families?

☐6 months
☐24 months
☐Other.
Describe:

☐Length of eligibility varies by county or other jurisdiction.
Describe:

b) Does the Lead Agency coordinate or align re-determination periods with other programs?

☐Yes. If yes, **check programs that the Lead Agency aligns eligibility periods with and describe the redetermination period for each.**

☐ Head Start and/or Early Head Start Programs.
Re-determination period:

☐ Pre-kindergarten programs.
Re-determination period:

☐ TANF.
Re-determination period:

☐ SNAP.
Re-determination period:

☐ Medicaid.
Re-determination period:

SCHIP.
☐ SCHIP.
Re-determination period:

☐ Other.
Describe:

☑No.

c) Describe under what circumstances, if any, a family's eligibility would be reviewed prior to redetermination. For example, regularly scheduled interim assessments, or a requirement for families to report changes.

Unscheduled re-determinations would only occur if there is a:
- **Change in address;**
- **Change in telephone number(s);**
- **Change in activity; such as moving from training to work;**
- **Change in income (increase or decrease);**
- **Change in family size (increase or decrease); or**
- **Training has ended.**
  However, full re-determination is not necessary, only as it applies to the change area.

d) Describe any action(s) the State/Territory would take in response to any   change in a family's eligibility circumstances prior to re-determination

If a category that affects eligibility has changed and it establishes that eligibility is no longer met. The receipient will be terminated within 15 days. However, if still found eligible, the only changes that may occur are a change in fee or further documentation may be needed if a parents activity is affected.

e) Describe how these policies are implemented in a family-friendly manner that promotes access and continuity of care for children. (See Information Memorandum on Continuity of Care for examples http://www.acf.hhs.gov/programs/occ/resource/im2011-06).

OSSE contracts with Level II child care providers to conduct eligibility in the community for their programs. Providers receive training annually and are also encouraged to provide services to limited English proficient customers in the customers language. Families may continue to receive child care assistance:
- **during job search**
- **loss of employment (for a specified amount of time)**
- **maternity leave (for a specified amount of time)**
- **while in a training program**
  Redetermination are conducted annually unless other specified.

f) Does the Lead Agency use a simplified process at re-determination?

☐ Yes.
If yes, describe:

☑ No.

2.3.7. Waiting Lists

Describe the Lead Agency's waiting list status. Select **ONE** of these options.

☑ Lead Agency currently does not have a waiting list and:

 ☑ All eligible families *who apply* will be served under State/Territory eligibility rules

 ☐ Not all eligible families *who apply* will be served under State/Territory eligibility rules

☐ Lead Agency has an active waiting list for:

 ☐ Any eligible family who applies when they cannot be served at the time of application

 ☐ Only certain eligible families.

Describe those families:

☐ Waiting lists are a county/local decision.
Describe:

☐ Other.
Describe:

2.3.8. Appeal Process for Eligibility Determinations

Describe the process for families to appeal eligibility determinations:

The applicant can first meet with the Agency and complete an administrative review to resolve the issue. A Fair Hearing request can be made to the DC Office of Administrative Hearings if necessary. The eligibility worker must inform the applicant or recipient of their right to appeal any eligibility decision. The requirement for the appeal must be in writing and received within 15 calendar days of the adverse action. A freeze on service provision if the case is in the application stage until an appeal decision is rendered; the continuation of existing services with a timely request until a decision is rendered.

2.4. Sliding Fee Scale and Family Contribution

The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care (658E(c)(3)(B) §98.42).

2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1. Will the attached sliding fee scale be used in all parts of the State/Territory?

Effective Date: 01-OCT-13

☑Yes.
Effective Date: 2009
☐No. If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.1a, 2.4.1b,** etc.

2.4.2. What income source and year will be used in creating the sliding fee scale? (658E(c)(3)(B)) Check only one option..

Effective Date: 01-OCT-13

☐State Median Income,
Year:
☑Federal Poverty Level,
Year: 2009
☐Income source and year varies by geographic region.
Describe income source and year:

☐Other.

Describe income source and year:

2.4.3. How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use. (§98.42(b))

☑ Fee as dollar amount and

☐ Fee is per child with the same fee for each child
☐ Fee is per child and discounted fee for two or more children
☐ Fee is per child up to a maximum per family
☑ No additional fee charged after certain number of children
☐ Fee is per family

☐ Fee as percent of income and

☐ Fee is per child with the same percentage applied for each child
☐ Fee is per child and discounted percentage applied for two or more children
☐ No additional percentage applied charged after certain number of children
☐ Fee per family
☐ Contribution schedule varies by geographic area.
Describe:

☐ Other.
Describe:

If the Lead Agency checked more than one of the options above, describe:

2.4.4. Will the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☑Yes,
and describe those additional factors:

If a family has multiple children receiving subsidy, the parent pays co-payment fees for the two oldest children. Parents are not required to pay co-payment fees for other chidlren.

☐No.

2.4.5. The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size. (§98.42(c)). Select ONE of these options.

Reminder - Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 2.3.4.a).

☐ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

☑NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee.

The poverty level used by the Lead Agency for a family of 3 is: 9133

☐SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

The Lead Agency waives the fee for the following families:

2.5. Prioritizing Services for Eligible Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B), §98.44)

2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44) Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes.* Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs.*

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How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules

Children with special needs **Provide the Lead Agency definition of** *Children with Special Needs:* **Children who have a disability or special health care need, and who are under nineteen(19) years of age who do not function according to age appropriate expectations in one or more areas of development. Priority is given to children with special needs when a waiting list is implemented. Currently there is no waiting list and children with special needs receive the same priority. If the District implements a waiting list, families with children with special needs will receive priority .**	☐ Priority over other CCDF-eligible families ☑ Same priority as other CCDF-eligible families ☐ Guaranteed subsidy eligibility ☐ Other. Describe:	☐ Yes. The time limit is: [ ] ☑ No	☐ Different eligibility thresholds. Describe: [ ] ☐ Higher rates for providers caring for children with special needs requiring additional care ☐ Prioritizes quality funds for providers serving these children ☐ Other. Describe:

Children in families with very low incomes **Provide the Lead Agency definition of** *Children in Families with Very Low Incomes:* **A family with very low income is define as a family of three with an income at or below $9155.00**	☐ Priority over other CCDF-eligible families ☑ Same priority as other CCDF-eligible families ☐ Guaranteed subsidy eligibility ☐ Other. Describe:	☐ Yes. The time limit is: ☑ No	☐ Different eligibility thresholds. Describe: ☐ Waiving co-payments for families with incomes at or below the Federal Poverty Level ☑ Other. Describe: **If the District implements a waiting list, families with very low income will receive priority**

2.5.2. How will CCDF funds be used to provide child care assistance to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF? (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4)) **Reminder** - CCDF requires that not less than 70 percent of CCDF Mandatory and Matching funds be used to provide child care assistance for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF.

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☑ Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)

☑ Waive fees (co-payments) for some or all TANF families who are below poverty level

☑ Coordinate with other entities (i.e. TANF office, other State/Territory agencies, and contractors)

☐ Other.
Describe:

2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b)) **Reminder** - Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

Effective Date: 01-OCT-13

Term(s) - Definition(s)

Describe:

Need is defined in this context as the requirement for child care based upon an eligibility category. The documentation required is determined by the reason for eligibility.

Priority groups have been established for purposes of continuing to enroll children if a waiting list is in effect and for giving first opportunity for placement if there are more applicants than available slots. The priority and non-priority groups that follow are based largely upon D.C. Law 3-16 and the Child Care and Development Fund State Plan. However, the "working parent/guardian' category is considered to be at the lowest priority within this group and may be move to the non-priority group depending upon available funding.

PRIORITY GROUPS

The Eligibility Worker shall consider the following groups as having priority for child care:

1. **Participants in the Food Stamp Employment/Training Program**
2. **TANF recipients in countable activities.**
3. **Children in foster care with working foster parent/guardian.**
4. **Children under Child Protective Services.**
5. **Children with Disabilities.**
6. **Teen parent/guardians or young adults in secondary school.**
7. **TANF payee in countable activities.**
8. **Working parent/guardian (group may move to non-priority de**

2.6. Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A), §98.15(a))

2.6.1. Child Care Certificates

Effective Date: 01-OCT-13

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

☐ Before parent has selected a provider
☑ After parent has selected a provider
☐ Other.

Describe:

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

☐ Certificate form provides information about choice of providers
☐ Certificate is not linked to a specific provider so parents can choose provider of choice
☐ Consumer education materials (flyers, forms, brochures)
☑ Referral to child care resource and referral agencies
☑ Verbal communication at the time of application
☐ Public Services Announcement
☐ Agency
Website:

☐ Community outreach meetings, workshops, other in person activities
☑ Multiple points of communication throughout the eligibility and renew process
☐ Other.
Describe:

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1.** (658E(c)(2)(A)(iii))

☑ Authorized provider(s)
☑ Authorized payment rate(s)
☑ Authorized hours
☑ Co-payment amount
☑ Authorization period
☐ Other.
Describe:

d) What is the estimated proportion of services that will be available for child care services through certificates?

60% is the estimated proportion of services that will be available through child care certificates.

2.6.2. 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), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **Note:** Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

☑ Yes.

If yes, **describe** the type(s) of child care services available through grants or contracts, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts:

The Lead Agency uses grants for child care slots servicing the Out of School Time Care for the limited English and Newcomer Community, and Out of School Time service in local public schools. The Lead Agency will also use grants to support and improve infant and toddler care.

☐ No. If no, skip to 2.6.3

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

☑ Increase the supply of specific types of care
☐ Programs to serve children with special needs
☐ Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs
☑ Programs to serve infant/toddler
☑ School-age programs
☐ Center-based providers
☐ Family child care providers
☐ Group-home providers
☐ Programs that serve specific geographic areas
☐ Urban
☐ Rural
☐ Other.
Describe:

☑ Support programs in providing higher quality services
☐ Support programs in providing comprehensive services
☐ Serve underserved families.

Specify:

☐ Other.
Describe:

c) Are child care services provided through grants or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

☑ Yes.
☐ No,
and **identify** the localities (political subdivisions) and services that are not offered:

d) How are payment rates for child care services provided through grants/contracts determined?

Payment rates for child care services through grants/contracts are determined by OSSE - the Lead Agency. OSSE negotiates with the grantee after careful review of the grantee's budget and work plan to determine the final approved project cost.

e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts?

The estimated proportion of direct services that will be available for child care services through grants/contracts is 40%.

2.6.3. How will the Lead Agency inform parents and providers of policies and procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds? (658E(c)(2)(B), §98.31)) Check the strategies that will be implemented by your State/Territory.

☐ Signed declaration
☑ Parent Application
☑ Parent Orientation
☑ Provider Agreement
☑ Provider Orientation

☐ Other.
Describe:

_____

2.6.4. 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(g)(2), 98.30(e)(1)(iv)) Will the Lead Agency limit the use of in-home care in any way?

Effective Date: 01-OCT-13

☐ No
☑ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all limits the Lead Agency will establish.
☑ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act
☑ Restricted based on provider meeting a minimum age requirement
☐ Restricted based on hours of care (certain number of hours, non-traditional work hours)
☑ Restricted to care by relatives
☐ Restricted to care for children with special needs or medical condition
☑ Restricted to in-home providers that meet some basic health and safety requirements
☐ Other.
Describe:

_____

2.6.5. Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

Effective Date: 01-OCT-13

Lead Agency/OSSE maintains a electronic record of all substantiated parental complaints about Providers. These substantiated complaints are filed by date. Substantiated complaints are made available to parents and the public via the freedom of information act request procedure.

2.7. Payment Rates for Child Care Services

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish adequate payment rates for child care services that ensure eligible children equal access to comparable care.

2.7.1. Attach a copy of your payment rates as Attachment 2.7.1. Will the attached payment rates be used in all parts of the State/Territory?

<div align="right">Effective Date: 01-OCT-13</div>

☑ Yes.Effective Date: 2006

☐ No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.1a, 2.7.1b, etc.** , etc.

2.7.2. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?

<div align="right">Effective Date: 01-OCT-13</div>

☑ Policy on length of time for making payments.
Describe length of time: Payment is made within 35 days of the receipt of valid attendance invoice.

☐ Track and monitor the payment process
☐ Other.
Describe:

☐ None

2.7.3. Market Rate Survey

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2009). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02 http://www.acf.hhs.gov/programs/occ/resource/pi-2009-02 for more information on the MRS deadline).

<div align="right">Effective Date: 01-OCT-13</div>

a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)): 12/2012

b) Provide a **summary of the results** of the survey.

The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

DETAILED EXECUTIVE SUMMARY

Number of Respondents
The University of the District of Columbia's Center for Applied Research and Urban Policy (CARUP) completed interviews with 78.4 percent of the 136 active family home providers and 70.7 percent of the 335 active child care center providers contacted. The response rate for the overall survey was 72.8 percent, representing 106 family home providers and 237 child care center providers for a total of 343 interviews.

3.1   Provider Characteristics
Approximately 80.2 percent of family home providers classify themselves as "for profit" providers. There was a decline in the number of family home providers identifying themselves as a part of a child care system in 2010 from 2.2 percent to 0.9 percent.

While 52.8 percent of child care centers are nonprofit providers, an increasing number of centers (38.7 percent), self-identify as "for profit". There was a decline in child care centers that are part of a child care system from 9.9 percent to 2.6 percent.

Days and Hours of Operation
 Approximately 97.6 percent of child care providers operate their services Monday through Friday. Thirteen percent (13%) of family home providers and 3.4 percent of child care center providers offer regular weekend hours.

The average number of hours of operation per day for both family and center-based child care providers is 11 hours. Ninety-three percent (93%) of family home providers and 89.3 percent of child care center providers operate between 9 and 12 hours per day. Additionally, 27.4 percent of family home providers and 11.5 percent of child care center providers operate more than 12 hours per day. Most providers operate on a 7:00 a.m. to 6:00 p.m. schedule.

Most child care centers and family home providers operate 12 months per year (98.3 percent, 98.1 percent respectively).

Family home providers are closed an average of 16.6 days per year and child care centers are closed an average of 21.06 days per year. This represents an average decrease of 5 days of available child care for family homes and 1.5 days for centers in 2012 compared to 2010.

Types of Services Offered
 Full-time child care services are offered by 93.4 percent of family home providers and 84.7 percent of center-based providers, while part-time services are available from 42.5 percent of family homes and 44.5 percent of centers. Evening, overnight, Saturday, and Sunday care is more available at family home providers than child care center providers.

Services for children with disabilities are available at 41.5 percent of family homes and 51.9 percent of child care centers. Centers offering these services increased significantly from 20 percent in 2010 to 46.7 percent in 2012.

Access to the Internet
Overall, 79.3 percent of family home providers and 92.4 percent of child care center providers have

internet access; however, market rate child care providers are more likely than OSSE/ECE contract child care providers to have internet access.

Number of Employees and Staffing Patterns

Child care center providers responding to the survey employed 3473 workers.   Approximately 91.3 percent of employees are directly involved with children in the classroom.

The child to staff ratio declined slightly in all employee categories for both groups of child care centers. In 2010, ratio for market rate providers was 4.0 to 1 compared to 3.4 to 1 in 2012 and for child care center providers with OSSE/ECE contracts, it was 4.2 to 1 compared to 3.8 to 1 respectively.

Education Level

 Approximately 62.1 percent of child care center employees and 51.3 percent of family home providers have educational experiences beyond the high school / GED level.

Among family home providers, 43.4 percent have college degrees including: 6.9 percent with the Master's degree or higher, 12.4 percent with the Bachelor's degree, 24.1 and percent with the Associate's degree. Additionally, an increase of 62.8 percent of employees have the Child Development Associate (CDA) certification compared to 54.8 percent in 2010. Many family home providers with the CDA also have college degrees. In 1998, 19 percent of family home providers had college degrees, and 15.7 percent had the CDA.

Family home providers with OSSE/ECE contracts are more likely to have education beyond high school (65 percent) than are market rate providers (55 percent).

Thirty-one (11.1 percent) directors and three (1.2%) administrative teachers have a Ph.D. Approximately 76.8 percent of directors, 60 percent of administrator/teachers, and 37.8 percent of teachers have a Bachelor's or higher degree. An additional 13.2 percent of directors, 38.9 percent of administrator/teachers and 29.7 percent of teachers have an Associate's degree. There are significant gains in the percentage of directors and teacher administrators with college degrees while the percentage of teachers with college degrees declined slightly from 2010.

Hours of Training

A substantial number of center-based personnel participated in no training activities in 2010 and 2012. However, 88.7 percent of all centers provided training for some categories of employees in 2012. Center providers reporting zero hours of training range from a high of 68.1 percent of classroom aides to a low of 29.7 percent for teachers with the CDA. While the percentage of family home providers with zero hours of training decreased by more than two-thirds between 1998 and 2008, it doubled between 2008 and 2010 and has continued to increase in 2012. The percentage of center-based employees not engaged in training for professional development declined between 2010 and 2012.
The average annual training hours in all categories among center-based employees increased with the highest increase occurring among classroom aides from 6.8 hours in 2010 to 32.1 hours in 2012.

Compensation

Salaries increased for all positions except Directors whose salary decreased slightly by an average of 1.1 percent. Market rate provider salaries for all positions are higher than OSEE/ECE contract child care providers. Director salaries are 20 percent higher for market rate providers compared to OSEE/ECE contract providers.

 While market rate providers continue to be more likely to adjust salaries based on merit (55.4 percent) than are OSSE/ECE contract providers (49.3 percent), the gap is similar to 2010 (60.2 versus 54.7). OSSE/ECE contract providers are more likely than market rate providers to base salary adjustments on the cost of living, availability of funds, or other reasons.

Benefits

Among child care centers, specific benefits decreased between 2010 and 2012, e.g., health care benefits 67.5 percent to 54.9 percent); life insurance benefits (46.7 percent to 41.4 percent), and retirement benefits (45.3 percent to 41.3 percent). However, paid sick leave and paid vacation benefits increased among family home centers and child care centers. The percentage of centers with no benefits increased substantially (7.5 percent to 12.7 percent). While there is an increase in the percentage of family home providers with disability benefits, there are declines in the percentages of those with health, life insurance, retirement and paid leave benefits.
Employee benefit programs average 22.3 percent of salaries.

Revenue Received

For family home providers, the gross annual enrollment revenue has a mean average of $39,974 and a median of $368,107. Market rate providers received an average of $42,355 and OSSE/ECE contract providers received average gross revenue of $39,017. While, overall, market rate family home providers' gross receipts are 5.1 percent higher than receipts of OSSE/ECE contract providers, gold and silver tier providers actually have the highest average gross receipts at $47,221.

Provider Revenue Sources

 Approximately 35 percent of family home providers and 55.1 percent of child care center providers currently charge registration fees for children enrolling in their programs. While the percentage of family home providers charging registration fees increased slightly (33.3 percent to 34.9 percent), center providers charging registration fees decreased substantially from 76.8 percent in 2010 to 55.1 percent in 2012.

 Both family home providers (67.8 percent) and child care center providers (76.6 percent) charge fees for late pick-up of children. Fifty-nine percent of family home providers and 57.1 percent of child care center providers charging fees, charge by the minute.

 While 68.9 percent of family home providers and 71.9 percent of child care center providers receive revenue directly from parent charges, child care center providers continue to report a variety of other revenue sources. Fund raising activities generate revenue for 28.1 percent of these providers, while 11.1 to 34.9 percent receive revenue from private, federal and/or District grants.

Professional Accreditation

Market rate child care center providers are more likely to be accredited than are OSSE/ECE child care centers, 40 percent versus 29 percent respectively.

The top two areas of professional accreditation assistance, cited as needed by providers, are assistance with fees (48.9 percent) and mentoring (39.6 percent). Other types of assistance identified include staff training, scholarships, and time for applying. Approximately 38.7 percent of family home providers and 16.2 percent of child care center providers indicated that they do not intend to apply for accreditation.

Tenure

OSSE/ECE contract family home and child care center providers have slightly more average years of service than their market rate peers.

3.2   Market Rates

Family Home Provider Rates
Infants.The full-time daily market rate for infants is $59.75. The market rate increased by $13.75 from $46.00 per day in 2010. The rate charged by providers with OSSE/ECE contracts or provider agreements is $45.50 per day. The total pool of family home providers has a rate of $50.08 per day.

Toddlers.The full-time daily market rate for children ages 1 and 2-years is $50.00 and 50.22

respectively. The market rate, for age 1-year, increased from $47.50 per day in 2010. Providers with OSSE/ECE contracts or provider agreements have a daily rate of $40.40 (1-year) and 40.02 (2-years). The total pool of family home providers has a rate of $47.04 (age 1-year) per day and $46.50 (age 2-years).   Forty (40) percent of children age 2-years are with market rate providers. The corresponding figure for 2010 is 28.3 percent.

Pre-School. The full-time market rate for children ages 3- and 4-years is $ 50.01/$51.02 per day respectively. The full-time rate for providers with OSSE/ECE contracts or provider agreements is approximately $40.00 for both age groups. The rate for the total pool of providers is $44.75. There are few 4-year-olds enrolled full-time in both family home and OSSE/ECE contract provider care. Approximately 17 percent of 3-year-olds are enrolled with market rate providers as compared to 35.4 in 2006. The implementation of universal pre-kindergarten in 2010 greatly influenced the declining trends in pre-schoolers enrollment with market rate providers.

School Age. The full-time market rate for school-age children is $42.06 per day. Providers with OSSE/ECE contracts or provider agreements have a rate of $41.05 per day. The rate for the total pool of providers is $40.00 per day.

Child Care Center Provider Rates

Infants. The daily full-time market rate for infants is $84.48 (Table 19). Providers with OSSE/ECE contracts or provider agreements have a daily rate of $58.66 (Table 20). The OSSE/ECE full-time rates are significantly below the market rates for infant care. The total pool of center-based providers has a rate of $72.03 per day.

*Toddlers.*The daily full-time market rate for children ages 1-year and 2-year is $78.98. Approximately 28.5 percent of 1-year-olds and 24 percent of 2-year-olds are with market rate providers; 71.5 percent (age 1-year) and 76 percent (age 2-years) are with OSSE/ECE contract providers. In 1998, 60 percent of toddlers were enrolled with market rate providers.

Providers with OSSE/ECE contracts or provider agreements have a daily rate of $56.39 for 1-year and $50.99 for age 2-year.

*Pre-school.*The full-time market rate for children age 3-years is $66.60 per day; an increase from $57.78 in 2010 and $61.89 in 2008, respectively. The rate charged by providers with OSSE/ECE contracts or provider agreements is $46.97. The full-time market rate for children age 4-years is $65.08 per day. The rate charged by providers with OSSE/ECE contracts or provider agreements is $46.23. Approximately 75 percent of the enrolled slots for 3-year-olds and 67 percent of 4-year-olds are with OSSE/ECE contract providers, while 25 percent and 33 percent respectively are with market rate providers. This reflects a decrease, for both age groups, from the almost forty-one (40.8) percent of these slots with market rate providers in 2010.

School-Age. The full-time daily market rate for school-age children is $67.75 per day. Providers with OSSE/ECE contracts or provider agreements have a rate of $46.97 per day. The rate for the total pool of providers is $58.99 per day.

Other Rates: Part-time Rates, Children with Disabilities and Nontraditional Hours

*Toddlers.*The part-time market rate for 1-year-olds is $65.50 per day or $10.75 per hour. The rate charged by providers with OSSE/ECE contracts is $38.75 per day or $7.63 per hour. The part-time rate for 1-year olds for the total pool of providers is $29.00 per day or $7.25 per hour. Children age 1-year are in care a median of 6 hours per day and 3 days per week with market rate providers and 4 hours per day and 2 days per week with OSSE/ECE contract providers.

Pre-School.The part-time market rate for children age 3-years is $80.16 per day or $13.36 per hour. Approximately 72.8 percent of part-time slots for preschoolers are with market rate providers. The part-time rate charged by providers with OSSE/ECE contracts is $29.20 per day or $7.30 per hour. The part-time rate for the total pool of providers is $41.00 per day or $8.20 per hour. Both three year-olds and four year-olds are in care on average of 6 hours per day with market rate providers and 4 hours per day with OSSE/ECE contract providers.

Children with Disabilities. Child care providers responding to the survey currently enroll 471 children with disabilities. Of these children, only 8.8 percent or 37 have either an IEP or IFSP. Approximately 8.6 percent of family home providers and 22.2 percent of centers have children with disabilities currently enrolled. The rates charged at these facilities are not specifically for children with disabilities; they are the usual rates charged by providers for all children enrolled.

Non-Traditional Hours. Less than two (2) percent of child care center providers and 7.6 percent of family home providers reported rates for nontraditional hours of care such as weekend, overnight, extended day, and evening hours.

3.3 Capacity Utilization and Expansion

Retention of Child Care Facilities
Nearly one-third (34.6 percent) of all family home providers and 12.5 percent of all child care center providers operating in 2010 were no longer licensed in 2012. These losses in service providers were somewhat offset by the addition of 58 newly licensed child care centers and 38 newly licensed child care family homes during this two-year period. Fifty-six (16.3 percent) of the centers responding to the 2010 Market Rate and Capacity Utilization Study were no longer licensed in 2012.

Capacity Utilization
The capacity utilization was computed for both market rate and OSSE/ECE contract providers. While 79.2 percent of current center capacity is being utilized at market rate centers, just 76.1 percent of center capacity is being utilized at OSSE/ECE contract centers. However, among family home providers, OSSE/ECE contract providers utilize nearly 81.2 percent of capacity while market rate providers utilize 74.1 percent of capacity.

Waiting List
There are currently 9,714 children on provider waiting lists. Family home providers have 313 children on waiting lists, including 195 children 0-3-years of age. Child care center providers have 9,401 children on waiting lists. While children ages 0-3-years are the largest single component of those on the waiting lists, there are significant numbers of children waiting in the preschool/prekindergarten age range (Table 30). Infants hold the highest waiting list slot at 3528 (36.3 percent). Children under 1 and 2 years of age hold 3928 waiting list slots, or 40.4 percent of the total, and children ages 3 and 4 years hold 1803 of the remaining slots (18.5 percent).

Out-of-School Time Activities There has been a slight decline in the percent of child care providers offering special programs for school-age children outside of normal hours. In 2010, approximately 27.4 percent of child care centers and 18.3 percent of family homes offered special programs before school, after school, and/or during the summer for school-age children; however, 23.3 percent of centers and 17.4 family homes offered OST programs in 2012. While 17.4 percent of family home providers offer OST programs, only 7.2 percent currently have school age children enrolled.

3.5   Provider Difficulties and Challenges
Both family home providers and child care center providers were asked whether they faced difficulties in making ends meet in their child care program. Approximately one-fifth (18.7 percent) of home providers and 30.6 percent of center providers find it very difficult to make ends meet in their programs.

Overall, the top three challenges in recruiting and retaining staff were identified as: Low pay, low benefits and high competition. However, there are differences in challenges identified by tier level. Market rate child care center providers (45 percent) find their biggest challenge in the competitive environment, while gold tier child care center providers are most challenged by low benefits (46.9 percent). Both silver tier and bronze tier child care center providers find low pay and low benefits as their biggest challenges. Job stress is among the top three challenges for bronze tier providers.

Provider Recommendations and Priorities
Key recommendations and priorities cited by OSSE/ECE and Market rate providers are:

OSSE/ECE Contract Child Care Providers

• Increase subsidy reimbursement rate
• Increase benefits to staff and teachers

Market Rate Contract Child Care Providers

• Streamline licensing, immunization verification and renewal processes
• Increase the number of infant and toddler slots

All Providers

• More training opportunities

2.7.4. Describe the payment rate ceilings in relation to the current MRS using the tables below.

Effective Date: 01-OCT-13

2.7.4a - Highest Rate Area (Centers)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	1800.00	881.15	<5th percentile
Full-Time Licensed Center Preschool (59 months)	1413.00	632.40	<5th percentile
Full-Time Licensed Center School-Age (84 months)	1912.16	429.75	<5th percentile

2.7.4b - Lowest Rate Area (Centers)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	1190.75	881.15. 881.15	<20th-25th percentile
Full-Time Licensed Center Preschool (59 months)	995.90	632.40	20th percentile
Full-Time Licensed Center School-Age (84 months)	952.60	429.75	<5th percentile

2.7.4c - Highest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed FCC Infants (11 months)	1293.59	616.81	<5th percentile
Full-Time Licensed FCC Preschool (59 months)	1104.58	476.95	<5th percentile
Full-Time Licensed FCC School-Age (84 months)	910.60	433.00	<5th percentile

2.7.4d - Lowest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed FCC Infants (11 months)	866.00	616.81	<25th percentile
Full-Time Licensed FCC Preschool (59 months)	866.00	476.95	<5th percentile
Full-Time Licensed FCC School-Age (84 months)	757.75	433.00	<5th percentile

2.7.5. How are payment rate ceilings for license-exempt providers set?

Effective Date: 01-OCT-13

a) Describe how license-exempt center payment rates are set:

The Lead Agency does not authorize payment of CCDF Funds to license exempt center providers-centers that are operated by the Federal Government.   Through a Memorandum of Understanding the lead agency provides some funding to the District of Columbia's Public School's after school programs. These services are located within the public schools and are exempted from licensing. The Lead Agency negotiates a rate that is not higher then the published child care subsidy reimbursement for after school time services.

b) Describe how license-exempt family child care home payment rates are set:

The Lead Agency does not authorize payment of CCDF Funds to license exempt family child care home providers. Family child care home providers requesting reimbursement for subsidized child care through CCDF Funds must be licensed and approved.

c) Describe how license-exempt group family child care home payment rates are set:

The Lead Agency does not authorize payment of CCDF Funds to license exempt group family child care home providers. Group family child care home providers requesting reimbursement for subsidized child care through CCDF Funds must be licensed and approved.

d) Describe how in-home care payment rates are set:

The in-home and relative rates were published in 2006 and are based on the 2001 Market Rate Survey. As with all of the OSSE subsidy provider reimbursement rates, relative family child care home rates are based on the age of the child. These rates are based on a percentage of the full time bronze rate for family child care providers. The percentage minimal reimbursement rate is 52% and the maximum reimbursement rate is 69%. The in-home relative family child care reimbursement rate is 32% of the full time bronze rate for family child care providers and the maximum reimbursement rate 39%.

2.7.6. Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies? Check which types of tiered reimbursement, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates and amount and also indicate if the rates were set based on the MRS or another process.

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☑ Differential rate for nontraditional hours.
Describe:

Providers who provide services during nontraditional hours (between 7;00pm and 6:00am Mondays through Fridays and any time Saturday, Sunday and holidays receive a differential (higher) rate of reimbursement

☐ Differential rate for children with special needs as defined by the State/Territory.
Describe:

☑ Differential rate for infants and toddlers.
Describe:

OSSE reimbursement rates are directly related to the age of the child (Infant, Toddler, Preschool and School Age. Younger children (infants) receive the highest reimbursement rate.)

☑ Differential rate for school-age programs.
Describe:

OSSE reimbursement rates are directly related to the age of the child (Infant, Toddler, Preschool and School Age. Younger children (infants) receive the highest reimbursement rate.)

☑ Differential rate for higher quality as defined by the State/Territory.
Describe:

Providers who meet higher quality criteria set by ECE are reimbursed at a higher rate.

☐ Other differential rate.
Describe:

☐ None.

Reminder - CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. In the next three questions, Lead Agencies are asked to describe how their payment policies reflect the affordable copayments for families provision of equal access (i.e., minimizing additional fees to parents), how payment practices are implemented consistent with the general child care market to be fair to providers (see Information Memorandum on Continuity of Care for examples http://www.acf.hhs.gov/programs/occ/resource/im2011-06), and the summary of facts describing how payment rates are adequate to ensure equal access to the full range of providers.

 2.7.7. What policies does the Lead Agency have regarding any additional fees that providers may charge CCDF parents? The Lead Agency...

☐ Allows providers to charge the difference between the maximum reimbursement rate and their private pay rate

☐ Pays for provider fees (e.g., registration, meals, supplies).
Describe:

☐ Policies vary across region, counties and or geographic areas.
Describe:

☑ Other.
Describe:

Providers are allowed to charge a transportation fee.

2.7.8 What specific policies and practices does the Lead Agency have regarding the following:

a) Number of absent days allowed. Describe

Subsidy Child Care Providers will receive payment under the following conditions: Children are allowed up to five unexcused absences in one month. Families are allowed 15 days of vacation per fiscal year (October 1 through September 30). Families in crisis may receive approved absences for up to 15 service days in one month.

b) Paying based on enrollment. Describe

Payment is based on enrollment

c) Paying on the same schedule that providers charge private pay families (e.g., hourly, weekly, monthly). Describe

d) Using electronic tools(automated billing, direct deposit, EBT cards, etc.) to make provider payments. Describe

2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

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a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1)):

The 2013 District of Columbia *Child Care Market Rates and Capacity Utilization Study* was conducted by the Center for Applied Research and Urban Policy at the University of the District of Columbia. The Market Rate Survey documents child care capacity across the entire District of Columbia and by geographical area or Wards. Payment rates reflect the full range of providers, those participating in the Child Care Subsidy Program and those outside of the program. Two-thirds of all licensed providers in the District participate in the Child Care Subsidy Program.

The District's Child Care Subsidy Program rates include the full range of provider types in that there are rates for licensed centers and family child care homes, as well as for relative and in-home care. Rates are further categorized by the age of the child as well as the quality of the center or home (as determined by D.C's tiered rate reimbursement system/QRIS, Going for the Gold).

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)):

The cost for child care varies throughout the city, the range of which is represented in the Market Rate Study. Families who receive child care subsidies usually pay monthly co-payments which are substantially lower than the full market rate. These co-payments are established under a sliding fee schedule.

The payment rate ceiling for payments to providers is represented by the gold rates, which represent the payment rates for the highest level of quality (Source: 2012 District of Columbia Child Care Market Rates and Capacity Utilization Study by the University of the District of Columbia Center for Applied Research and Urban Policy)

According to the 2012 Market Rate Survey, in terms of gross revenue received, gold tier center providers have the highest average gross receipts among child care subsidy providers. Although the subsidy reimbursement rates are below 75% of the market rate, OSSE is committed to

increase the market rate for child care subsidy providers. The District has allocated an additional 11 million dollars to support this effort.

The child care subsidy rate increase will move the reimbursement rates closer to the 75th percentile of the market rate. At the present time parents receiving child care subsidy have access to 56% of licensed care. Additionally, the District of Columbia does not have a waiting list for subsidize child care.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)):

Families applying for the child care subsidy program are eligible if their income is equal to or less than 250% of the Federal Poverty Level or 85% of the 2009 State Median Income (whichever amount is lower). Families already receiving services remain eligible until their incomes exceed 85% of the 2009 State Median Income (whichever amount is lower). Families with incomes at or below 50% of the FPL pay no fee.

The payments are deemed affordable because no family will be required to pay more than 10% of their annual income for child care, and most will pay well below that percentage. For example (see below), a family at the threshold (high end) of eligibility (85% of the SMI) will pay 9.65% of their annual income. A family of 3 with an annual gross income of $22,050 (approximately 100% of the federal poverty level) would only pay 2.58% of their annual income.

1. An example of the parent co-payment for a typical family with a parent and three children is as follows:
Annual gross income: $22,050.00
Child #1 (school age): $0.81/ day for part-time; $ 1.62/ day for full-time
Child #2 (preschool): $1.22 /day
    Third or additional children: no cost

Child One	Child Two
Child #1 School age Part time (42 weeks out of the year): $0.81 daily x 5 days equals $4.05 weekly x 42 weeks: $170.10 per annum Full time (10 weeks out of the year); $1.62 daily x 5 days equals $8.10 weekly x 10 weeks: $81.00 per annum TOTAL for school age child: $ 251.10 per annum.	**Child #2 Preschool** Full time (52 weeks per year): $1.22 daily x 5 days equals $6.10 weekly x 52 weeks: $317.20 per annum TOTAL for preschool $317.20 per annum
FAMILY TOTAL (BOTH CHILDREN): $568.30 per annum **Percentage of Annual Income: 2.58 %**	

2. An example of a family at the highest end of income eligibility scale (or an annual gross income of $60.835.00) is as follows:

Child One	Child Two

Child #1 School age Part time (42 weeks out of the year): $8.39 daily x 5 days equals $41.95 weekly x 42 weeks: $1,761.90 per annum Full time (10 weeks out of the year); $16.78 daily x 5 days equals $83.90 weekly x 10 weeks: $839.00.00 per annum TOTAL for school age child: $2600.90 per annum.	Child #2 Preschool Full time (52 weeks per year): $12.58 daily x 5 days equals $62.90 weekly x 52 weeks: $3,270.80 per annum
FAMILY TOTAL (BOTH CHILDREN): $5,871.70 per annum **Percentage of Annual Income: 9.65 %**	

3. Comparatively, a family who does not meet the means test to be eligible for subsidized care and instead pays market rates would pay a substantially higher percentage of the family's annual income for child care as exhibited below.

Family Paying Market Rate

CHILD ONE: Infant	**CHILD TWO: Preschool**
Full Time Care for 12 months of services: $69.28 daily or $1500 per month: $18,000 per year.	Full Time Care for 12 months of services: $61.89 per day or $1340 per month: $17,160 per year.
TOTAL for infant: $18,000 per year.	**TOTAL for preschool : $17,160 per year**

FAMILY TOTAL COST (BOTH CHILDREN): $35,160.00 per year
PERCENTAGE OF FAMILY'S ANNUAL INCOME: 60.1%

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access, including how the quality of child care providers is taken into account when setting rates and whether any other methodologies (e.g., cost estimation models) are used in setting payment rates

According to the "*State Child Care Assistance Policies 2010: New Federal Funds Help States Weather the Storm*" by the National Women's Law Center, as a percentage of family income, D.C. sets parent co-payments among the lowest in the nation. For example, the parent co-payments for a family of three with an income at 150% of the federal poverty level and one child in care is 4% of the family income. Parent co-payments for a family of three with an income at 100% of the federal poverty level and one child in care is 2% of income.

2.8 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in

a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices).

Note -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Goal #1:
Goal 1 – Revise and update eligibility manual and subsidy regulations to better support continuity of care.
Goal 2 – Revise reimbursement policy to include special needs rates.
Goal 3 – Expand Infant and Toddler Service in high need areas.

PART 3

Health and Safety and Quality Improvement Activities

3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Questions related to licensing requirements are in sections 3.1.1 and 3.1.2. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Questions related to CCDF

Health and Safety requirements are in sections 3.1.3 and 3.1.4.

3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing

Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

Definition: Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing as defined by the State/Territory. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) (658E(c)(2)(F), §98.41).

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a) Is the Lead Agency responsible for child care licensing? (§98.11(a))
☑ Yes.
☐ No.
Please identify the State or local (if applicable) entity/agency responsible for licensing:

b) Provide a brief overview of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory.
District of Columbia's Municipal Regulations (DCMR) 29, Chapter 3 "Child Development Facility Regulations" serves as the State's licensing and CCDF health and safety requirements. The

c) Do the State/Territory's licensing requirements serve as the CCDF health and safety requirements?

	Center-Based Child Care	Group Home Child Care ☐ N/A. Check if your State/Territory does not have group home child care.	Family Child Care	In-Home Care ☑ N/A. Check if in-home care is not subject to licensing in your State/Territory.
Yes, for all providers in this category	☑	☑	☑	☐
Yes, for some providers in this category	Describe n/a	Describe n/a	Describe n/a	Describe
No	☐	☐	☐	☐
Other	Describe /an/a	Describe n/a	Describe n/a	Describe

d) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. For each CCDF category of care, please identify which types of providers are subject to licensing and which providers are exempt from licensing in your State/Territory in the chart below. **Note: OCC recognizes that each State/Territory identifies and defines its own categories of care. OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care but consistent with your reported 801 data.**

CCDF Category of Care	CCDF Definition (§98.2)	Which providers in your State/Territory are subject to licensing under this CCDF category?	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?

Center-Based Child Care	Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.	Describe which types of center-based settings are subject to licensing in your State/Territory **Unless specifically exempt in DCMR 29/the District of Columbia Municipal Regulations 29, Chapter 3, every caregiver and Child Development Facility (center) must be licensed.**	Describe which types of center-based settings are exempt from licensing in your State/Territory. **Center based settings exempt from licensing in the District of Columbia:** **Informal parent-supervised neighborhood playgroups;** **Care provided in places of worship during religious services** **Facilities operated by the federal; government on federal government property** **A Facility otherwise exempted by law, such as a public or private elementary or secondary school engaged in legally required educational and related functions**
Group Home Child Care N/A. Check if your State/Territory does not have group home child care. ☐	Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.	Describe which types of group homes settings are subject to licensing **Unless specifically exempt in DCMR 29/the District of Columbia Municipal Regulations 29, Chapter 3, every caregiver and Child Development Facility (group home/expanded family child care home) must be licensed.**	Describe which types of group homes are exempt from licensing: **There are no group homes/expanded family child care homes exempted from licensing**

Family Child Care	Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work. **Reminder** - Do not respond if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of family child care home providers are subject to licensing **Unless specifically exempt in DCMR 29/the District of Columbia Municipal Regulations 29, Chapter 3, every caregiver and Child Development Facility (Family Child Care) must be licensed.**	Describe which types of family child care home providers are exempt from licensing: **Relative Care Providers are licensed exempted family care providers.** **A Relative Care Provider is defined as a relative of the eligible child caring for the child in the relative's home.**
In-Home Care	In-home child care provider is defined as an individual who provides child care services in the child's own home. **Reminder** - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.		Describe which types of in-home child care providers are exempt from licensing **In Home and Relative Care providers are exempted from licensing. In Home Care is defined as care of the eligible child in the child's own home. A Relative Care Provider is defined as a relative of the eligible child caring for the child in the relative's home.**

 Note: In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at http://nrckids.org/CFOC3 to verify the accuracy of your licensing regulations and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's:**
☑

e) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care*.

*American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011) *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd Edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Available online: http://nrckids.org/CFOC3

	For each indicator, check all requirements for licensing that apply, if any.			
Indicator	**Center-Based Child Care**	**Group Home Child Care** ☐ N/A. Check if your State/Territory does not have group home child care.	**Family Child Care**	**In-Home Care** ☑ N/A if the State/Territory does not license in-home care (i.e., care in the child's own home)

Do the licensing requirements include **child:staff ratios and group sizes?** If yes, provide the ratio for age specified.	☑ Yes, Child:staff ratio requirement:	☑ Yes, Child:staff ratio requirement:	☑ Yes, Child: staff ratio requirement.	☐ Yes, Child: staff ratio requirement.
	Infant ratio (11 months): 1:3 or 1:4	Infant ratio (11 months): 1:2 and 1:3	List ratio requirement by age group: 1:6	List ratio requirement by age group:
	Toddler ratio (35 months): 1:8	Toddler ratio (35 months): 1:2 and 1:3	☐ No ratio requirements.	☐ No ratio requirements.
	Preschool ratio (59 months): 1:10	Preschool ratio (59 months): 1:6	☑ Yes, Group size requirement.	☐ Yes, Group size requirement.
	☐ No ratio requirements.	☐ No ratio requirements.	List ratio requirement by age group: 6	List ratio requirement by age group:
	☑ Yes,	☑ Yes,	☐ No group size requirements.	☐ No group size requirements.
	Group size requirement Infant group size (11 months): 9=1:3 and 8=1:4	Group size requirement Infant group size (11 months): 4=1:2 and 6=1:3		
	Toddler group size (35 months): 8 (12 mos-24 mos) and 12 (24mos-30mos)	Toddler group size (35 months): 4=1:2 and 6=1:3		
	Preschool group size (59 months): 16 (30mos-36mos) and 20 (4yrs-5yrs)	Preschool group size (59 months): 12		
	☐ No group size requirements.	☐ No group size requirements.		

Do the licensing requirements identify specific experience and educational **credentials for child care directors?**	☑ High school/GED	☑ High school/GED	☑ High school/GED	☐ High school/GED
	☑ Child Development Associate (CDA)	☑ Child Development Associate (CDA)	☑ Child Development Associate (CDA)	☐ Child Development Associate (CDA)
	☑ State/ Territory Credential	☑ State/ Territory Credential	☑ State/ Territory Credential	☐ State/ Territory Credential
	☑ Associate's degree	☑ Associate's degree	☑ Associate's degree	☐ Associate's degree
	☑ Bachelor's degree	☑ Bachelor's degree	☑ Bachelor's degree	☐ Bachelor's degree
	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing
	☐ Other:	☐ Other:	☐ Other:	☐ Other:

Do the licensing requirements identify specific educational **credentials for child care teachers?**	☑ High school/GED	☑ High school/GED	☑ High school/GED	☐ High school/GED
	☑ Child Development Associate (CDA)	☑ Child Development Associate (CDA)	☑ Child Development Associate (CDA)	☐ Child Development Associate (CDA)
	☑ State/ Territory Credential	☑ State/ Territory Credential	☑ State/ Territory Credential	☐ State/ Territory Credential
	☑ Associate's degree	☑ Associate's degree	☑ Associate's degree	☐ Associate's degree
	☑ Bachelor's degree	☑ Bachelor's degree	☑ Bachelor's degree	☐ Bachelor's degree
	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing
	☐ Other:	☐ Other:	☐ Other:	☐ Other:
Do the licensing requirements specify that directors and caregivers must attain a specific number of **training hours per year?**	☐ At least 30 training hours required in first year	☐ At least 30 training hours required in first year	☐ At least 30 training hours required in first year	☐ At least 30 training hours required in first year
	☐ At least 24 training hours per year after first year	☐ At least 24 training hours per year after first year	☐ At least 24 training hours per year after first year	☐ At least 24 training hours per year after first year
	☐ No training requirement	☐ No training requirement	☐ No training requirement	☐ No training requirement
	☑ Other: 18 hours annually	☑ Other: 18 hours annually	☑ Other: 18 hours annually	☐ Other:

f) Do you expect the licensing requirements for child care providers to change in FY2014-2015?

☑ Yes.
Describe:

OSSE is expected to update the Licensing regulations to include a table for infractions and fines. Also, the regulations will include the District's Child Youth Safety and Health Act and Child Protection Registry requirements.

☐ No.

3.1.2 Enforcement of Licensing Requirements

 Each Lead Agency is required to provide a detailed description of the State/Territory's licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

Describe the State/Territory's policies for effective enforcement of the licensing requirements using questions 3.1.2a through 3.1.2e below. This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

☑Yes. If "Yes" please refer to the chart below and check all that apply.
☐No.

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits

☑ Center-Based Child Care	☐ Once a Year ☑ More than Once a Year ☐ Once Every Two Years ☐ Other. Describe:	☐ Once a Year ☑ More than Once a Year ☐ Once Every Two Years ☐ Other. Describe:
☑ Group Home Child Care ☐ N/A. Check if your State/Territory does not have group home child care.	☐ Once a Year ☑ More than Once a Year ☐ Once Every Two Years ☐ Other. Describe:	☐ Once a Year ☑ More than Once a Year ☐ Once Every Two Years ☐ Other. Describe:
☑ Family Child Care Home	☐ Once a Year ☑ More than Once a Year ☐ Once Every Two Years ☐ Other. Describe:	☐ Once a Year ☑ More than Once a Year ☐ Once Every Two Years ☐ Other. Describe:
☐ In-Home Child Care ☑ N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2b)	☐ Once a Year ☐ More than Once a Year ☐ Once Every Two Years ☐ Other. Describe:	☐ Once a Year ☐ More than Once a Year ☐ Once Every Two Years ☐ Other. Describe:

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

☑Yes. If "Yes" please refer to the chart below and check all that apply.
☐No.

Licensing Procedures	Describe which procedures are used by the State/Territory for enforcement of the licensing requirements.
The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.	☑ Yes.
	Describe: **Prospective individuals are required to attend a licensing orientation prior to submission of the child care licensing application**
	☐ No.
	☐ Other.
	Describe:
The State/Territory has procedures in place for licensing staff to inspect centers and family child care homes prior to issuing a license.	☑ An on-site inspection is conducted.
	☐ Programs self-certify.
	Describe:
	☐ No procedures in place.
	☐ Other.
	Describe:

Licensing staff has procedures in place to address violations found in an inspection.	☑ Providers are required to submit plans to correct violations cited during inspections.
	☑ Licensing staff approve the plans of correction submitted by providers.
	☑ Licensing staff verify correction of violation.
	☑ Licensing staff provide technical assistance regarding how to comply with a regulation.
	☐ No procedures in place.
	☐ Other.
	Describe:
Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility.	☑ Provisional or probationary license
	☑ License revocation or non-renewal
	☐ Injunctions through court
	☑ Emergency or immediate closure not through court action
	☐ Fines for regulatory violations
	☐ No procedures in place.
	☐ Other.
	Describe:

The State/Territory has procedures in place to respond to illegally operating child care facilities.	☑ Cease and desist action
	☐ Injunction
	☑ Emergency or immediate closure not through court action
	☐ Fines
	☐ No procedures in place.
	☐ Other.
	Describe:
The State/Territory has procedures in place for providers to appeal licensing enforcement actions.	☑ Yes.
	Describe: **Appeals may be filed with the Districts Office of Administrative Hearing**
	☐ No.
	☐ Other.
	Describe:

c) Does your State/Territory use **background checks as a way to effectively enforce the licensing requirements?**

☑ Yes.If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency
☐ No.

CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?

☑ **Center-Based Child Care**	☑ Child Abuse Registry	☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: **Periodic**	☑ Director ☑ Teaching staff ☑ Non-teaching staff ☑ Volunteers ☐ Other. **Periodic**
	☑ State/Territory Criminal Background ☐ Check if State/Territory background check includes fingerprints	☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: **Periodic**	☑ Director ☑ Teaching staff ☑ Non-teaching staff ☑ Volunteers ☐ Other. **Periodic**
	☑ FBI Criminal Background (e.g., fingerprint)	☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: **Periodic**	☑ Director ☑ Teaching staff ☑ Non-teaching staff ☑ Volunteers ☐ Other. **Periodic**
	☑ Sex Offender Registry	☑ Initial Entrance into the System ☐ Checks Conducted Annually	☑ Director ☑ Teaching staff ☑ Non-teaching staff

		☑ Other.	☑ Volunteers
		Describe: **Periodic**	☐ Other. **Periodic**

☑ **Group Child Care Homes**	☑ <u>Child Abuse Registry</u>	☑ Initial Entrance into the System	☑ Provider
☐ N/A. Check if your State/Territory does not have group home child care.		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
		☑ Other.	**Periodic**
		Describe: **Periodic**	
	☑ State/Territory <u>Criminal Background</u>	☑ Initial Entrance into the System	☑ Provider
		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
	☐ Check if the State/Territory background check includes fingerprints	☑ Other.	**Periodic**
		Describe: **Periodic**	
	☑ FBI Criminal Background (e.g., fingerprint)	☑ Initial Entrance into the System	☑ Provider
		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
		☑ Other.	**Periodic**
		Describe: **Periodic**	
		☑ Initial Entrance into the System	☑ Provider
		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
	☑ Sex Offender Registry	☑ Other.	**Periodic**
		Describe: **Periodic**	

☑ **Family Child Care Homes**	☑ Child Abuse Registry	☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: **Periodic**	☑ Provider ☑ Non-provider residents of the home. **Periodic**
	☑ State/Territory Criminal Background	☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: **Periodic**	☑ Provider ☑ Non-provider residents of the home. **Periodic**
	☐ Check if the State/Territory background check includes fingerprints		
	☑ FBI Criminal Background (e.g., fingerprint)	☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: **Periodic**	☑ Provider ☑ Non-provider residents of the home. **Periodic**
		☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: **Periodic**	☑ Provider ☑ Non-provider residents of the home. **Periodic**
	☑ Sex Offender Registry		

In-Home Child Care Providers			
☐ **In-Home Child Care Providers** ☑ N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2e)	☐ Child Abuse Registry	☐ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe: n/a	☐ Provider ☐ Non-provider residents of the home. n/a
	☐ State/Territory Criminal Background ☐ Check if the State/Territory background check includes fingerprints	☐ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe: n/a	☐ Provider ☐ Non-provider residents of the home. n/a
	☐ FBI Criminal Background (e.g., fingerprint)	☐ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe: n/a	☐ Provider ☐ Non-provider residents of the home. n/a
	☐ Sex Offender Registry	☐ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe: n/a	☐ Provider ☐ Non-provider residents of the home. n/a

d) Please **provide a brief overview** of the State/Territory's process for conducting background checks for child care. In this brief overview, include the following:

Effective Date: 01-OCT-13

d -1) The cost associated with each type of background check conducted:

The cost for the FBI Check is $18.00. The cost for a District of Columbia police clearance is $7.00

d-2) Who pays for background checks:

The early childhood staff or provider pays for the background check

d-3) What types of violations would make providers ineligible for CCDF? Describe:

As the lead agency we may deny, refuse to renew, revoke, or suspend a license on the basis of any of the following:
• **Failure to comply with the Child Development Facility regulations;**

• **Providing false or misleading information in an application for an initial license or for a license renewal; Failure to allow entry to authorized officials to conduct an inspection or investigation, or to otherwise determine whether the applicant or licensee is in substantial compliance with the Regulations**

• **Employing any method of child care prohibited the Regulations, including without limitation forms of restraint, seclusion or discipline.**
• **A determination that an applicant or licensee has been convicted of, or has admitted to committing, either in the District of Columbia or in another jurisdiction, any criminal offense which constitutes a bar to employment in an agency, Facility, home, or any other entity that provides direct services to children and youth, or as a result of which a duly authorized District of Columbia Government official has determined that the applicant or licensee poses a danger to children or youth, as provided in the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353, D.C. Official Code §§4-1501.01 et seq.) or in subsequent amendments thereto, or in rules promulgated pursuant to that law,or as provided in any superseding District of Columbia or federal law, which offenses may include the following at the felony level unless otherwise indicated:**

(1) Murder, attempted murder, manslaughter, or arson;

(2) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats t do bodily harm;

(3)Burglary;

(4)Robbery;

(5)Kidnapping;

(6)Illegal use or possession of a firearm;

(7)Sexual offenses at the felony or misdemeanor level, including indecent exposure; promoti procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse; but excluding sodomy between consenting adults;

(8)Child abuse or cruelty to children; or

(9) Unlawful distribution or possession of, or possession with intent to distribute, a controlled substance;

In the case of a Child Development Home, a determination that any person living in the home that houses the facility has been convicted of, or has admitted to committing, any criminal offense which constitutes a bar to employment or as a result of which the person has been determined to pose a danger

A determination that an applicant or licensee, or any employee or volunteer who is reasonably expected to come into contact with one (1) or more children, has admitted to or has been found to have abused or neglected a child in the District of Columbia or in any other jurisdiction.

d-4) The process for providers to appeal the Lead Agency's decision based on the background check findings. Describe:

Individual requesting an appeal of the background check findings from the FBI must follow the FBI appeal process. Individual must follow the appeals process from District of Columbia's Metropolitian Police Department for all District criminal background checks.

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? Describe (658E(c)(2)(E), §98.40(a)(2))

N/A

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?

☑Yes.
Describe:

The Lead Agency uses the resource and referral agency' online tool to access information about the licensed program. Compliance records are available through the Freedom of Information Request process.

☐No

3.1.3. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)

☑

Check if the Lead Agency certifies that there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))

a) **Describe** the Lead Agency's health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers

☑ Physical exam or health statement for providers	☑	☑	☑	☑
☑ Physical exam or health statement for children	☑	☑	☑	☑
☑ Tuberculosis check for providers	☑	☑	☑	☑
☑ Tuberculosis check for children	☑	☑	☑	☑
☑ Provider immunizations	☑	☑	☑	☐
☑ Child immunizations	☑	☑	☑	☑
☑ Hand-washing policy for providers and children	☑	☑	☑	☐
☑ Diapering policy and procedures	☑	☑	☑	☐
☐ Providers to submit a self-certification or complete health and safety checklist	☐	☐	☐	☐

	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
☐ Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	☐	☐	☐	☐
☑ Other. Describe: Complete CPR and First Aid	☑	☑	☑	☐

b) **Describe** the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	**Center-based child care providers**	**Family child care home providers**	**Group home child care providers**	**In-home child care providers**
☑ Fire inspection	☑	☑	☑	☐
☑ Building inspection	☑	☑	☑	☐
☑ Health inspection	☑	☑	☑	☐
☑ Inaccessibility of toxic substances policy	☑	☑	☑	☐
☑ Safe sleep policy	☑	☑	☑	☐
☑ Tobacco exposure reduction	☑	☑	☑	☐

☑ Transportation policy	☑	☑	☑	☐
☐ Providers to submit a self-certification or complete health and safety checklist	☐	☐	☐	☐
☐ Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	☐	☐	☐	☐
☑ Other. Describe: **Home and Relative Care Providers are required to submit to an annual on-site review. the reviews included an evaluation of the health/safety, educational and nutritional components of the program. Technical Assistance is provided to support and improve quality**	☐	☐	☐	☑

c) **Describe** the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3)). Note: While Lead Agencies have the flexibility to define these terms, for this question, pre-service refers to any training that happens prior to a person starting or shortly thereafter (first week, etc). 'On-going' would be some type of routine occurrence (e.g., maintain qualifications each year).

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
Child Care Centers	First Aid	**Employees must undergo and obtain certification in child care first aid.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include first aid. OSSE has private and public partners that support this training effort.**
	CPR	**Employees must undergo and obtain certification in child care CPR..**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include CPR. OSSE has private and public partners that support this training effort.**
	Medication Administration Policies and Practices	**At this time the Lead Agency does not require pre-service training for medication administration.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include medication administration. OSSE has private and public partners that support this training effort.**

	Poison Prevention and Safety	**At this time the Lead Agency does not require pre-service training for poison prevention and safety.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include poison prevention and safety. OSSE has private and public partners that support this training effort.**
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	**At this time the Lead Agency does not require pre-service training for SIDS.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include SIDS. OSSE has private and public partners that support this training effort.**
	Shaken Baby Syndrome and abusive head trauma prevention	**At this time the Lead Agency does not require pre-service training for shaken baby syndrome and abusive head trauma prevention.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include shaken baby syndrome and abusive head trauma prevention.**

	Age appropriate nutrition, feeding, including support for breastfeeding	**At this time the Lead Agency does not require pre-service training for age appropriate nutrition and support for breastfeeding.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include age appropriate nutrition, feeding and support for breastfeeding. OSSE has private and public partners that support this training effort.**
	Physical Activities	**At this time the Lead Agency does not require pre-service training for physical activities.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include physical activities. OSSE has private and public partners that support this training effort.**
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	**At this time the Lead Agency does not require pre-service training for procedures for preventing the spread of infectious disease, sanitary methods, and safe handling of foods.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include procedures for prevention the spread of infectious disease, sanitary methods, and safe handling of foods. OSSE has private and public partners that support this training effort.**

	Recognition and mandatory reporting of suspected child abuse and neglect	**At this time the Lead Agency does not require pre-service training for recognition and mandatory reporting of suspected child abuse and neglect.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include recognition and mandatory reporting of suspected child abuse and neglect . OSSE has private and public partners that support this training effort.**
	Emergency preparedness and planning response procedures	**Lead Agency does not require pre-service training for emergency preparedness and planning response procedures.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include emergency preparedness and planning response procedures. Emergency Response training is offered for all early education.**
	Management of common childhood illnesses, including food intolerances and allergies	**At this time the Lead Agency does not require pre-service training for management of common childhood illnesses including food intolerances and allergies.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include management of common childhood illnesses including food intolerances and allergies.**

	Transportation and child passenger safety (if applicable)	**At this time the Lead Agency does not require pre-service training for transportation and child passenger safety.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include transportation child passenger safety.**
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	**At this time the Lead Agency does not require pre-service training for caring for children with special health care needs, mental health, needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include training for caring for children with special health care needs, mental health, needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act. On going support is provided for providers in partnership with OSSE's Early Intervention team.**

	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	**At this time the Lead Agency does not require pre-service training for Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services. OSSE has private and public partners who support this training effort.**
	Supervision of children	**At this time the Lead Agency does not require pre-service training on supervision of children.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include training on supervision of children. OSSE has private and public partners that support this training effort.**
	Behavior management	**At this time the Lead Agency does not require pre-service training on behavior management**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include training on behavior management. OSSE has private and public partners that support this training effort. .**

	Other		
	Describe:		
Group Home Child Care	First Aid	**Employees must undergo and obtain certification in child care first aid.**	**Staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include first aid. OSSE has private and public partners that support this training effort.**
	CPR	**All paid employees must undergo and obtain certification in child care CPR.**	**Staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include CPR. OSSE has private and public partners that support this training effort.**
	Medication Administration Policies and Practices	**At this time the Lead Agency does not require pre-service training for medication administration.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include medication administration.**
	Poison Prevention and Safety	**At this time the Lead Agency does not require pre-service training for poison prevention and safety.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include poison prevention and safety.**

	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	**At this time the Lead Agency does not require pre-service training for SIDS.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include SIDS. OSSE has private and public partners that support this training effort.**
	Shaken Baby Syndrome and abusive head trauma prevention	**At this time the Lead Agency does not require pre-service training for shaken baby syndrome and abusive head trauma prevention.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include shaken baby syndrome and abusive head trauma prevention.**
	Age appropriate nutrition, feeding, including support for breastfeeding	**At this time the Lead Agency does not require pre-service training for age appropriate nutrition and support for breastfeeding.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include age appropriate nutrition, feeding and support for breastfeeding. OSSE has private and public partners that support this training effort.**

	Physical Activities	**At this time the Lead Agency does not require pre-service training for physical activities.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include physical activities. OSSE has private and public partners that support this training effort.**
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	**At this time the Lead Agency does not require pre-service training for procedures for preventing the spread of infectious disease, sanitary methods, and safe handling of foods.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include procedures for prevention the spread of infectious disease, sanitary methods, and safe handling of foods. OSSE has private and public partners that support this training effort.**
	Recognition and mandatory reporting of suspected child abuse and neglect	**At this time the Lead Agency does not require pre-service training for recognition and mandatory reporting of suspected child abuse and neglect.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include recognition and mandatory reporting of suspected child abuse and neglect. OSSE has private and public partners that support this training effort.**

	Emergency preparedness and planning response procedures	**At this time the Lead Agency does not require pre-service training for emergency preparedness and planning response procedures.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include emergency preparedness and planning response procedures. Emergency preparedness training is offered.**
	Management of common childhood illnesses, including food intolerances and allergies	**At this time the Lead Agency does not require pre-service training for management of common childhood illnesses including food intolerances and allergies.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include management of common childhood illnesses including food intolerances and allergies.**
	Transportation and child passenger safety (if applicable)	**At this time the Lead Agency does not require pre-service training for transportation and child passenger safety.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include transportation child passenger safety.**

	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	**At this time the Lead Agency does not require pre-service training for caring for children with special health care needs, mental health, needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include training for caring for children with special health care needs, mental health, needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act. OSSE has private and public partners that support this training effort.**
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	**At this time the Lead Agency does not require pre-service training for Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services. OSSE has private and public partners that support this training effort.**

	Supervision of children	**At this time the Lead Agency does not require pre-service training on supervision of children**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include training on supervision of children. OSSE has private and public partners that support this training effort.**
	Behavior management	**At this time the Lead Agency does not require pre-service training on behavior management.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include training on behavior management. OSSE has private and public partners that support this training effort.**
	Other Describe: n/a	n/a	n/a
Family Child Care Providers	First Aid	**Employees must undergo and obtain certification in child care First Aid.**	**Staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include First Aid. OSSE has private and public partners that support this training effort.**

	CPR	**Employees must undergo and obtain certification in child care CPR.**	**Staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include CPR. OSSE has private and public partners that support this training effort.**
	Medication Administration Policies and Practices	**At this time the Lead Agency does not require pre-service training for medication administration.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include medication administration.**
	Poison Prevention and Safety	**At this time the Lead Agency does not require pre-service training for poison prevention and safety.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. this training may include poison prevention and safety.**
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	**At this time the Lead Agency does not require pre-service training for SIDS.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include SIDS. OSSE has private and public partners that support this training effort.**

	Shaken Baby Syndrome and abusive head trauma prevention	At this time the Lead Agency does not require pre-service training for shaken baby syndrome and abusive head trauma prevention.	All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include shaken baby syndrome and abusive head trauma prevention.
	Age appropriate nutrition, feeding, including support for breastfeeding	At this time the Lead Agency does not require pre-service training for age appropriate nutrition and support for breastfeeding.	All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include age appropriate nutrition, feeding and support for breastfeeding. OSSE has private and public partners that support this training effort.
	Physical Activities	At this time the Lead Agency does not require pre-service training for physical activities.	All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include physical activities.

	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	**At this time the Lead Agency does not require pre-service training for procedures for preventing the spread of infectious disease, sanitary methods, and safe handling of foods. OSSE has private and public partners that support this training effort.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include procedures for prevention the spread of infectious disease, sanitary methods, and safe handling of foods. OSSE has private and public partners that support this training effort.**
	Recognition and mandatory reporting of suspected child abuse and neglect	**At this time the Lead Agency does not require pre-service training for recognition and mandatory reporting of suspected child abuse and neglect.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include recognition and mandatory reporting of suspected child abuse and neglect. OSSE has private and public partners that support this training effort.**
	Emergency preparedness and planning response procedures	**At this time the Lead Agency does not require pre-service training for emergency preparedness and planning response procedures.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include emergency preparedness and planning response procedures OSSE has private and public partners that support this training effort. .**

	Management of common childhood illnesses, including food intolerances and allergies	At this time the Lead Agency does not require pre-service training for management of common childhood illnesses including food intolerances and allergies.	All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include management of common childhood illnesses including food intolerances and allergies.
	Transportation and child passenger safety (if applicable)	At this time the Lead Agency does not require pre-service training for transportation and child passenger safety.	All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include transportation child passenger safety.
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	At this time the Lead Agency does not require pre-service training for caring for children with special health care needs, mental health, needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act.	All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include training for caring for children with special health care needs, mental health, needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act. OSSE has private and public partners that support this training effort.

	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	**At this time the Lead Agency does not require pre-service training for Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services. OSSE has private and public partners that support this training effort.**
	Supervision of children	**At this time the Lead Agency does not require pre-service training on supervision of children.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include training on supervision of children. OSSE has private and public partners that support this training effort.**
	Behavior management	**At this time the Lead Agency does not require pre-service training on behavior management.**	**All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. This training may include training on behavior management. OSSE has private and public partners that support this training effort.**

	Other: Describe: n/a	n/a	n/a
In - Home Child Care	First Aid	**At this time the Lead Agency does not have requirements for pre-service training for first aid.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**
	CPR	**At this time the Lead Agency does not have requirements for pre-service training CPR .**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**

	Medication Administration Policies and Practices	**At this time the Lead Agency does not have requirements for pre-service training on medication administration policies.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**
	Poison Prevention and Safety	**At this time the Lead Agency does not have requirements for pre-service training poison prevention and safety.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars.**
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	**At this time the Lead Agency does not have requirements for pre-service training on safe sleep practices including sudden infant death syndrome prevention.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**

	Shaken Baby Syndrome and abusive head trauma prevention	**At this time the Lead Agency does not have requirements for pre-service training on shaken baby syndrome and abusive head trauma prevention.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars.**
	Age appropriate nutrition, feeding, including support for breastfeeding	**At this time the Lead Agency does not have requirements for pre-service training on age appropriate nutrition, feeding including support for breastfeeding.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**
	Physical Activities	**At this time the Lead Agency does not have requirements for pre-service training on physical activities.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars.**

	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	**At this time the Lead Agency does not have requirements for pre-service training on procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**
	Recognition and mandatory reporting of suspected child abuse and neglect	**At this time the Lead Agency does not have requirements for pre-service training on recognition and mandatory reporting of suspected child abuse and neglect. Additionally the reporting requirements are outlined in the provider agreements.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort. In-Home and Relative care providers are required to report all suspected child abuse and neglect.**

	Emergency preparedness and planning response procedures	**At this time the Lead Agency does not have requirements for pre-service training on emergency preparedness and planning response procedures.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**
	Management of common childhood illnesses, including food intolerances and allergies	**At this time the Lead Agency does not have requirements for pre-service training on the management of common childhood illnesses, including food intolerances and allergies.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars.**
	Transportation and child passenger safety (if applicable)	**At this time the Lead Agency does not have requirements for pre-service training on transportation and children passenger safety**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars.**

	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	**At this time the Lead Agency does not have requirements for pre-service training on caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	**At this time the Lead Agency does not have requirements for pre-service training.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**
	Supervision of children	**At this time the Lead Agency does not have requirements for pre-service training on the supervision of children.**	**In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.**

	Behavior management	At this time the Lead Agency does not have requirements for pre-service training on behavior management.	In-Home and relative care providers are required to complete twelve (12) hours of training annually. All in-home and relative care providers are invited to participate in all Early Learning trainings, workshops, and seminars. OSSE has private and public partners that support this training effort.
	Other Describe: n/a	n/a	n/a

d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41(A)(ii))(A))

☐ All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.
☐ Relative providers are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.
☑ Relative providers are subject to certain requirements.
Describe the different requirements:
Relative Care Providers are subject to some of the health and safety requirements including:

> **Physical exam or health statement for providers**
> **Physical exam or health statement for children**
> **Tuberculosis check for providers**
> **Tuberculosis check for children**
> **Child immunizations**

In Home and Relative Care Providers are required to submit to an annual on-site review. The reviews include an evaluation of the health/safety, educational and nutritional components of the program. Technical Assistance is provided to support and improve quality.

e) Provide a web address for the State/Territory's health and safety requirements, if available:

3.1.4 Effective enforcement of the CCDF health and safety requirements. For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described in3.1.2 for licensed providers, please describe how the Lead Agency enforces the CCDF health and safety enforcement requirements. **In Home and Relative Care Providers are required to submit to an annual on-site review. The reviews include an evaluation of the health/safety, educational and nutritional components of the program. Technical Assistance is provided to support and improve quality. If the provider fails to comply with the recommended changes the OSSE agreement maybe withdrawn.**

a) Describe whether and how the Lead Agency uses on-site visits (announced and unannounced)
The Lead Agency requires all in-home and relative care providers to submit to an on-site annual visit. From this visit providers are supported with technical assistance and training to improve and enhance the quality of care. Visits are unannouced and announced a .....
b) Describe whether the Lead Agency uses background checks
The Lead Agency requires in-home and relative providers to submit a criminal background check with results prior to signing the initial child care subsidy agreement

c) Does the Lead Agency permit providers to self-certify compliance with applicable health and safety standards?
☐ Yes. If yes, what documentation, if any, is required?
Describe:☑ No
d) Describe whether the Lead Agency uses any other enforcement policies and practices for the health and safety requirements
The Lead Agency requires that all in-home and relative care providers
1.Maintain a current and complete annual adult health certificate completed by licensed health care practitioner
2.Complete 12 hour of professional development
3.Maintain a current and complete annual child health certificate completed by a licensed health care practitioner for each child

The In-Home and Relative care provider who does not comply with the written child care agreement maybe terminated from the program.
☑ Check if the Lead Agency certifies that procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))

3.1.5 Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs? Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and

developmental disabilities..

☑ Yes.
Describe

Community-based providers through a contract with a comprehensive service team conducted developmental screenings of pre-k age children with the goal of helping them transition to school ready to learn.

The following are objectives developed in support of this goal:

1.Provide on-site comprehensive clinical services (behavioral health and speech/language)
2.Provide on-site physical health screen and paper review of health records
3.Conduct trainings, modeling and follow-up with the program staff
4.Link parents and children with appropriate community service referrals to support the successful transition of children into kindergarten

Community Based Organization or "CBO" is defined as a head start or early childhood education program operated by a nonprofit or for profit entity, faith based organization or organization that participates in a federal or District of Columbia funded early childhood program, including the child care subsidy program funded by the federal Child Care and Development Fund.

Comprehensive Services is defined as clinical services to pre-kindergarten programs with the goal of helping children transition to school ready to learn.

☐ No
a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

☑ Yes.
Describe

Grants are awarded to community based programs to ensure that pre-k aged children receiving services have on file completed documentation of a comprehensive physical health examination, including age appropriate screenings and up to date immunization

☐ No
☐ Other.
Describe

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

☑ Yes.
Describe

The grant's scope of work includes the requirement to link parents with appropriate community services and to work with parents/guardians as needed.

☐ No
☐ Other.
Describe

c) Does the State/Territory use developmental screening and referral tools?

☐ Yes. If Yes, provide the name of the tool(s)

☑ No
☐ Other.
Describe

3.1.6 Data & Performance Measures on Licensing and Health and Safety Compliance - What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

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a) **Data on licensing and health and safety.** Indicate if the Lead Agency or another agency has access to data on:

☑ Number of licensed programs.
Describe (optional):

☑ Numbers of programs operating that are legally exempt from licensing.
Describe (optional):

☑ Number of programs whose licenses were suspended or revoked due to non-compliance.
Describe (optional):

☑ Number of injuries in child care as defined by the State/Territory.
Describe (optional):

☑ Number of fatalities in child care as defined by the State/Territory.
Describe (optional):

☑ Number of monitoring visits received by programs.
Describe (optional):

☑ Caseload of licensing staff.
Describe (optional):

☑ Number of programs revoked from CCDF due to non-compliance with health and safety requirements.
Describe (optional):

☐ Other.
Describe:

☐ None.
b) **Performance measurement.** What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?

The licensing specialist will monitor for compliance with DC Municipal Regulation 29, Chapter 3. The licensing system uses several inspection strategies to monitor compliance with CCDF health and safety requirements such as:

- **Provide evidence of unannounced visits to each site during hours of program operations at least twice per year, with observation of program activities, staff-children ratio and interaction.**
- **Conduct and document technical assistance visits to verify implementation of any corrective actions.**
- **Use of standardized monitoring tool on all inspections that contains all health and safety standards. Benefits to the electronic tool include greater staff mobility and access to provider information from remote locations, increased accuracy and consistency in licensing documentation practices, improved performance management and accountability, improved overall customer service to both child care providers and parents, and greater efficiencies in staff time and printing costs.**

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.
The agency has recently completed a review of the current licensing standards and through collaboration with stakeholders a draft proposal of new regulatory framework with enhancement to some current nutrition, health and safety standards will be posted for public comment and finalized in the upcoming fiscal year.

3.1.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section of 3.1. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

Note -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Goal #1:

Goal 1 -   Develop a comprehensive data driven report that details the state of licensed child care facilities in Washington D.C.

Goal 2 -Through the use of technology improve our monitoring process by automating findings

Goal 3 - Facilitate collaborative relationships that support daily operations among providers

NEW!

CCDF has a number of performance measures that are used to track progress for key aspects of the program at the national level. These performance measures are included in budget materials submitted to Congress and other documents. Please follow this link http://www.acf.hhs.gov/programs/occ/resource/government-performance-and-results-act-gpra-measures to see the CCDF performance measures. A number of these performance measures rely on information reported in the State and Territorial Plans as a data source. We have added a ruler icon

in Section 3.2 through 3.4 order to identify the specific questions used in the performance measures. When answering these questions, Lead Agencies should ensure that their answers are accurate and complete in order to promote the usefulness and integrity of the performance measures.

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines (also referred to as early learning and development standards) include the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children. The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These early learning guidelines are voluntary because States/Territories are not required to develop such guidelines or implement them in a specified manner.

3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.

- ☑ Birth-to-three
- ☑ Three-to-five
- ☑ Five years and older
- ☐ None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible:

www.osse.dc.gov

Which State/Territory agency is the lead for the early learning guidelines?

The Office of the State Superintendent of Education (OSSE)

3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development? Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.

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Domains	Birth-to-Three ELGs	Three-to-Five ELGs	Five and Older ELGs
Physical development and health	☑	☑	☑
Social and emotional development	☑	☑	☐
Approaches to learning	☐	☑	☐
Logic and reasoning (e.g., problem-solving)	☑	☑	☐
Language development	☑	☑	☑
Literacy knowledge and skills	☐	☑	☑
Mathematics knowledge and skills	☐	☑	☑
Science knowledge and skills	☐	☑	☑
Creative arts expression (e.g., music, art, drama)	☐	☑	☑
Social studies knowledge and skills	☐	☑	☑
English language development (for dual language learners)	☐	☐	☑

List any domains not covered in the above:	☐	☐	☐
Other. Describe:	☐	☐	☐

3.2.3 To whom are the early learning guidelines disseminated and in what manner?
Check all audiences and methods that your State/Territory has chosen to use in the chart below.

Effective Date: 01-OCT-13

	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	☑	☑	☐
Parents using child care more broadly	☑	☑	☐
Practitioners in child care centers	☑	☑	☐
Providers in family child care homes	☑	☑	☐
Practitioners in Head Start	☑	☑	☐
Practitioners in Early Head Start	☑	☑	☐
Practitioners in public Pre-K program	☑	☑	☐
Practitioners in elementary schools	☑	☑	☐
Other. List:	☐	☐	☐

3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

Effective Date: 01-OCT-13

☑ To define the content of training required to meet licensing requirements

☑ To define the content of training required for program quality improvement standards (e.g., QRIS standards)

☐ To define the content of training required for the career lattice or professional credential

☑ To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs

☑ To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs

☑ To develop State-/Territory -approved curricula

☐ Other.

☐ None.

3.2.5 Are voluntary early learning guidelines and development standards aligned with into other parts of the child care system? Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

☑ Cross-walked to align with Head Start Child Development and Early Learning Framework
☑ Cross-walked to align with K-12 content standards
☑ Cross-walked to align with State/Territory pre-k standards
☐ Cross-walked with accreditation standards
☑ Other.
List:

DC early learning guidelines were developed for both infant/toddlers and pre-kindergarten children. These set of standards are aligned.
DC's Early learning Standards serve as a the foundation of the K-12 standards. There is a direct alignment between the language, mathematics, science, social studies and creative arts standards for young children and the standards for k-12.

DC's early leaning standards are aligned with the eight domains of the Head Start Outcomes Framework. This includes language, mathematics, science, creative arts, social emotional development, approaches to learning and physical health and development

☐ None.

3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions. In this section, assessment is framed with two distinct purposes/tools - 1) ongoing assessment of children's progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted within pre-kindergarten and/or at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

a) Are programs required to conduct ongoing assessments of children's progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

☐ Yes.

Describe:

[ ]

a-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children's needs?

☐ Yes.

Describe:

[ ]

☐ No

☐ Other.

Describe:

[ ]

a-2) If yes, is information on child's progress reported to parents?

☐ Yes.

Describe:

[ ]

☐ No

☐ Other.

Describe:

[ ]

☑ No

☐ Other.

Describe:

[ ]

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children within pre-kindergarten and/or as they enter kindergarten?

☐ Yes.

Describe:

[ ]

b-1) If yes, do the tools cover the developmental domains identified in 3.2.2?

☐ Yes.

Describe:

☐ No

☐ Other.
Describe:

b-2) If yes, are the tools used on all children or samples of children?
☐ All children.
Describe:

☐ Samples of children.

Describe:

☐ Other.

Describe:

b-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?
☐ Yes.
Describe:

☐ No

☐ Other.
Describe:

☐ No

☑ Other.
Describe:

The District of Columbia is currently developing a Kindergarten Entrance Assessment that will be administered to students beginning 2014

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?

☐ Yes.
Describe:

☑ No

☐ Not applicable. State does not have an SLDS.

3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines (Click for additional instructions)

Effective Date: 01-OCT-13

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

☑ Number/percentage of child care providers trained on ELG's for preschool aged children.
Describe (optional):

☑ Number/percentage of child care providers trained on ELG's for infants and toddlers.
Describe (optional):

☐ Number of programs using ELG's in planning for their work.
Describe (optional):

☐ Number of parents trained on or served in family support programs that use ELG's.
Describe (optional):

☐ Other.
Describe:

☐ None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines?

COMMON CORE EARLY LEARNING STANDARDs (CCELS)

In an effort to ensure that children participating in early learning programs throughout the District of Columbia are prepared to enter into kindergarten, OSSE partnered with the Early Childhood Leadership Institute at UDC to work with a group of early learning curriculum experts to update the District of Columbia's Early Learning Standards that were last approved by the Board of Education in 2008. These updates were in response to the District of Columbia adopting K-12 Common Core State Standards for English Language Arts and Mathematics in 2010, and are designed to ensure that the District of Columbia early learning standards are aligned to the District of Columbia's K-12 standards. As a result of this work, in February 2013, the State Board of Education adopted the newly aligned state common core early learning standards.

Alignment Process: Collaborative effort was undertaken by the Office of the State Superintendent of Education, Division of Early Learning and convened by the Early Childhood Leadership Institute at the University of the District of Columbia through its Executive Director, to update the alignment of the documents. These updates primarily reflect an alignment of indicators and exit expectations that will better ensure that early learners transitioning to kindergarten classes are better prepared to meet kindergarten level expectations. Throughout the document, updates have been made to ensure that there is alignment to common core Math and literacy expectations that educational professionals are to meet. Terminology has been updated, as well as student outcomes to reflect the District of Columbia's shift to common core state standards. Overall, these changes will ensure that the District of Columbia's early learning professionals are operating from the same framework of their K-12 educational peers, which will help to strengthen the educational continuum of District of Columbia learners who take advantage of early learning programs within the district.

Stakeholder Engagement: During February 2013, OSSE engaged and solicited the feedback of early learning stakeholders that are made up of representatives from DCPS, PCS, PCSB, CBO, and advocacy groups on early learning standards roll out strategies. Additionally, in February, OSSE held early learning standards awareness building sessions targeted to child care providers to introduce the new standards, obtain feedback, and to provide information on the new standards. Over the course of the past 6 months, OSSE offered targeted professional development opportunities for child care providers focusing on the implementation of the 9 domains.

OSSE trained 558 participants on the Early Learning Standards in FY 2013. 552 participants represents 18.4 % of the early learning workforce. OSSE will increase this effort by 75% and will include more targeted trainings to professionals serving Homeless Families, English Language Learners, and Children with Special Needs

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

In the enhanced QRIS, programs that are designated as Bronze and Silver will undergo a Quality Needs Assessment. This assessment will measure the level of quality of early learning standard implemented .

3.2.8 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agencyâs goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

<div align="right">Effective Date: 01-OCT-13</div>

Goal #1:
OSSE will

- **Develop an Early Learning Family Engagement Plan that will highlight OSSE's efforts with supporting and increasing parental engagement among early learning providers.**

- **Develop a family guide and other resources to increase families' understandings of the Early Learning Standards, importance of school attendance and ways parents can support their child's education.**

- **Fifty percent of subsidy providers must include at least three (3) Early Learning Standards training for families as part of their family engagement activities.**

- **Develop advance level Early Learning Standards Training.**

3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3) (Click for additional instructions)

<div align="right">Effective Date: 01-OCT-13</div>

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities.

The Lead Agency – Office of the State Superintendent of Education.

During the planning of the Enhanced QRIS, OSSE engaged early learning stakeholders from public school, public charter, community based organizations, the Mayor's office, parents and other stakeholders as a way to inform the development of the QRIS model for the Distrcit of Columbia .

3.3.1 Element 1 - Program Standards

Definition - For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those

standards that build upon and go beyond those minimum requirements.

a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

☑ Ratios and group size
☑ Health, nutrition and safety
☑ Learning environment and curriculum
☑ Staff/Provider qualifications and professional development
☑ Teacher/providers-child relationships
☑ Teacher/provider instructional practices
☑ Family partnerships and family strengthening
☑ Community relationships
☑ Administration and management
☑ Developmental screenings
☑ Child assessment for the purposes of individualizing instruction and/or targeting program improvement
☐ Cultural competence
☑ Other.
Describe:

Accreditation and Program Evaluation

☐ None. If checked, **skip to 3.3.2.**

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

☑ Children with special needs as defined by your State/Territory
☑ Infants and toddlers
☑ School-age children
☑ Children who are dual language learners
☐ None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

☑ Licensing is a pre-requisite for participation
☐ Licensing is the first tier of the quality levels
☐ State/Territory license is a "rated" license.

☐ Other.
Describe:

☐ Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

☑ Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)

☑ Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start and the quality improvement system)

☑ 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, or an alternative pathway to meeting the standards)

☐ Other.
Describe:

☐ None.

3.3.2 Element 2 - Supports to Programs to Improve Quality

Definition - For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.

a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, **skip to 3.3.3.**

☐ None. **skip to 3.3.3.**

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation

☑ Attaining and maintaining licensing compliance	☑	☑	☑
☑ Attaining and maintaining quality improvement standards beyond licensing	☑	☑	☑
☑ Attaining and maintaining accreditation	☑	☑	☑
☑ Providing targeted technical assistance in specialized content areas:			
Health and safety	☑	☑	☑
Infant/toddler care	☑	☑	☑
School-age care	☑	☑	☑
Inclusion	☑	☑	☑
Teaching dual language learners	☑	☑	☑
Mental health	☑	☑	☑
Business management practices	☑	☑	☑
Other. Describe:	☐	☐	☐

b) Methods used to customize quality improvement supports to the needs of individual programs include:

☑ Program improvement plans
☐ Technical assistance on the use of program assessment tools
☐ Other.
Describe:

c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

☑ Yes.
Describe:

All participating programs will have technical assistance plans that are based on strengths and areas for improvements with a focus on improving quality so the Provider can ascend in the tiered system.

☐ No
☐ Other.
Describe: _____

3.3.3 Element 3 - Financial Incentives and Supports

Definition - For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

Effective Date: 01-OCT-13

a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, **skip to 3.3.4.**

☐ None. **skip to 3.3.4.**

Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers
☑ Grants to programs to meet or maintain licensing	☑	☑	☐
☑ Grants to programs to meet QRIS or similar quality level	☑	☑	☐
☐ One-time awards or bonuses on completion of quality standard attainment	☐	☐	☐

☑ Tiered reimbursement tied to quality for children receiving subsidy	☑	☑	☐
☑ On-going, periodic grants or stipends tied to improving / maintaining quality	☑	☑	☐
☐ Tax credits tied to meeting program quality standards	☐	☐	☐
☑ Other. Describe: **Infant/toddler expansion grants – provides funding and training to providers seeking to expand their capacity to serve infants and toddlers**	☑	☐	☐

3.3.4 - Element 4 - Quality Assurance and Monitoring

Definition - For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

Effective Date: 01-OCT-13

a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

☐ None. **skip to 3.3.5.**

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers

☑ Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments. **Annually, all community-based prekindergarten classrooms, a sample of public school and public charter schools prekindergarten classrooms and a sample of community-based child care subsidy program classrooms (both infant/toddlers and pre-k age classrooms) are evaluated using data collected through ELLCO Pre-K, ECERS-R and ITERS-R. Data from these evaluations are used to evaluate providers and inform quality improvement initiatives**	☑ Infant/Toddler ☑ Preschool ☐ School-Age	☑	☐
☑ Classroom Assessment Scoring System (CLASS) Describe, including frequency of assessments. Annually	☑	N/A	☐
☐ Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments.	☐	☐	☐
☑ Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs Describe, including frequency of assessments. **Program reviews are conducted annually to ensure that programs meet the QRIS standards and areas to improve quality are identified. The enhanced QRIS will improve the monitoring tool and process. It will also increase the alignment between quality improvement resources and data from QRIS monitoring tool.**	☑	☑	☐
☐ Other. Describe:	☐	☐	☐

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

☑ Have a mechanism to track different quality assessments/monitoring activities to avoid

duplication

☑ Include QRIS or other quality reviews as part of licensing enforcement

☐ Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

☐ Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

☐ Other.
Describe:

☐ None.

3.3.5 - Element 5 - Outreach and Consumer Education

Definition - For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.

Effective Date: 01-OCT-13

a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

☑ Yes. If yes, how is it used?

☑

Resource and referral/consumer education services use with parents seeking care

☑

Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting

☑

Searchable database on the web

☐

Voluntarily, visibly posted in programs

☐

Mandatory to post visibly in programs

☐

Used in marketing and public awareness campaigns

☐
Other.

Describe:

☐ No. If no, **skip to 3.3.6.**

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

☑
Print

☐
Radio

☐
Television

☑
Web

☐
Telephone

☐
Social Marketing

☐
Other.

Describe:

☐
None.

c) Describe any targeted outreach for culturally and linguistically diverse families.

DC's Resource and Referral Agency, has bilingual staff and translated materials to support Spanish-speaking families. The Resource and Referral Agency also distributes materials to community organizations serving these diverse populations. Plans are underway to develop and distribute informational brochures in Amharic, French, Chinese and Vietnamese.

Other grantees provide technical assistance and training to multilingual child care providers.

3.3.6. Quality Rating and Improvement System (QRIS)

a) **Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5,** does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?

☑ Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements <u>operating State/Territory-wide.</u>

☐
Participation is voluntary for:

☑
Participation is mandatory for:

 All Providers that participate in the Child Care Subsidy Program. Exempt providers cannot participate in the QRIS.

☐ Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements <u>operating as a pilot or in a few localities</u> but not State/Territory-wide.

☐ No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.

☐ State/Territory is in the development phase
☐ State/Territory has no plans for development

☐
Other.

Describe:

| |
| |

b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:

☑

Child care centers

☑

Group child care homes

☑

Family child care homes

☐

In-home child care

☑

License exempt providers

☑

Early Head Start programs

☑

Head Start programs

☑

Pre-kindergarten programs

☑

School-age programs

☑

Other.

Describe:

Child care providers located and administered by the Federal Government

3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above,

please describe:

In-home and relative care providers receive monthly training and onsite technical assistance. This also includes site visits and networking events

3.3.8 Data & Performance Measures on Program Quality (Click for additional instructions)

<div align="right">Effective Date: 01-OCT-13</div>

a) Data on program quality. Indicate if the Lead Agency or another agency has access to data on:

☑

Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory.

Describe(optional)

The Lead Agency maintains QRIS data on all participating child development facilitates. Data is tracked using a centralized tracking tool. The enhanced QRIS will include improvements to the electronic data collection system and protocols

☑

Number of programs that move program quality levels annually (up or down).

Describe(optional)

The Lead Agency maintains QRIS data on all participating child development facilities. This data also includes all tier level changes

☐

Program scores on program assessment instruments.

List instruments:

Describe(optional)

☑

Classroom scores on program assessment instruments.

List instruments:

For the providers selected to the evaluation sample group: ECERS, ITERS and CLASS

Describe(optional)

☑

Qualifications for teachers or caregivers within each program.

Describe(optional)

The Education Information Management System (EIMS) will house data on qualification for teachers and directors. The date housed in the EIMS was collected when the program became licensed. It is not regularly updated to reflect qualifications attained after the license was granted .

☐

Number/Percentage of children receiving CCDF assistance in licensed care.

Describe(optional)

☐

Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory

☐

Number/Percentage of programs receiving financial assistance to meet higher program standards.

Describe(optional)

☑

Other.

Describe:

Accreditation Facilitation program

☐

None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality?

QUALITY RATING IMPROVEMENT SYSTEM (QRIS)

OSSE has taken a great deal of time to focus on QRIS. With an eye toward school readiness, OSSE has begun linking early learning standards (what children need to know), practitioner standards (what providers/schools need to know to support young children), and program standards (what an organization needs to do to support young children and the practitioners who care for and instruct children) in the proposed QRIS. This trio of aligned standards is a firm foundation for school readiness. While OSSE will maintain the Three-Tiered DC Gold System, the fundamentals of the system are grounded in research proven to enhance teacher effectiveness, to improve children's learning outcomes around key domains of development necessary for early elementary school success. The proposed framework will also enable automatic data collection that will tie directly into targeted technical assistance, and will allow for the start of a longitudinal data collection system that will identify trends and patterns over time. The proposed QRIS has 4 components: CLASS- tool, Staff Qualification, Accreditation and Attendance. Based on research, each of the QRIS components has been proven to increase school readiness. OSSE will be convening additional stakeholder sessions in August 2013 to finalize the new model. In the development of the proposed enhanced QRIS framework, OSSE engaged in various activities. Below are some of the activities that led to the proposed framework.

Stakeholder Meetings: DC Public School Representatives (DCPS), DC Public Charter School Representatives (DCPCS), Community Based Organizations (CBOs), Community Advocacy groups, and the Mayor's office met for 6 weeks to review the proposed standards. OSSE also met with the Charter School Board to discuss the possibility of merging the Public Charter PMF and OSSE's proposed QRIS. As a result, OSSE is contracting out with the Build initiative to review both QRIS and PMF framework in order to and make a recommendation on how to create one standardized tool. This meeting is scheduled for September 2013.

Expert Meeting: OSSE also held a small content expert meeting with National Early Childhood Education pioneers to give feedback on the proposed QRIS standards. Experts met for 4 days during the first and second quarter to review the standards and to provide feedback. As a result, teacher qualifications and accreditation were added to the components.

Pulmonary Pilot: OSSE conducted a pulmonary pilot using a CLASS data from 2010-2011. This process allowed OSSE to 1) adjust the business rule and 2) identify where most programs quality will fall under the proposed QRIS.

Pilot Program: The annual implementation of early childhood measures of quality (CLASS – Classroom Assessment Scoring System) is currently being measured in selected sites by a third party. OSSE is also in the process of gathering teacher qualifications, attendance, and current accreditation status data to finalize the pilot.

Stakeholder Awareness: The enhanced QRIS components have been and are currently being shared with parents, providers, teachers and community members through various information sessions throughout the different wards in the city. Stakeholders are being asked to provide feedback after each session.

QRIS Validation Webinar: OSSE participated in a QRIS validation webinar that was presented by the Mid-Atlantic Regional Educational Laboratory of ICF International. The webinar discussed the multi- steps of the QRIS validation process. As a result, OSSE is reviewing each element of the validation plan: QRIS context and status, Engaging stakeholders in the process, QRIS data infrastructure, Planning validation research questions and approach, Selecting data collection, and analytical approach and dissemination of findings to stakeholders.

Professional Development/ Implementation Plan: In an effort to support/ prepare the Early Learning Community for the proposed Quality Rating Improvement System, OSSE provides trainings on various topics. With the goal of increasing the number of high quality early learning programs that meet the academic and social developmental needs of all pre-kindergarten students in comprehensive and enriching environments, the Office Of The States Superintendent

of Education proposed to build added rigor into the existing QRIS "Going for the Gold" system in the following manner: support the existing licensing and regulation; to improve the quality of early childhood programs; increase family engagement and consumer awareness of quality; and create a consistent approach to program improvement that strengthens the continuum between early childhood education and K-12. Below is the proposed professional development plan for QRIS:

- June 2013-July 2013: Providers Awareness Session on the proposed QRIS.
- June 2013: CLASS- Observation training for OSSE- DEL staff, DCPS Rep and PCSB Rep.
- August 2013: Parents Awareness session on the proposed QRIS and Characteristics of Quality Early Learning Programs
- October 2013: CLASS- Making the Most of Classroom Interactions (MMCI) for OSSE-DEL staff, DCPS and DCPCSB rep.
- October 2013- November 2013: Introduction to CLASS-tool for teachers, assistant teachers and administrators for all sectors.
- November 2013: OSSE Providers College Fair
- December 2013: Accreditation Information Session for Providers
- December 2013: Attendance and Family Engagement Training for Providers.
- January and February 2014: State wide CLASS administration
  OSSE will maintain evidence of the outreach efforts as the lead agency moves to state wide CLASS administration in community based originations, DCPS and DCPCS. Private schools will be apart of the next phase as OSSE determines it's authority.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

The quality monitoring tool and QRIS standards will be revised as part of the QRIS enhancement initiative. This tool will be evaluated to ensure inter-rater reliability. The evaluation of child care program classrooms will include tools such as CLASS. Data from the these evaluations will be used to evaluate providers and inform quality improvement initiatives.

3.3.9 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.3. What are the State/Territoryâs goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

Goal #1:
OSSE will:

- **Increase outreach and consumer education by creating new materials and re-branding the QRIS. Rebranding efforts will include a new website, social media, increase in partnership, flier distribution, etc.**
- **Increase the quality of incentives to ensure that they are meaningful to practitioners and providers.**
- **Develop a data collection system to track pertinent QRIS data in-real time. This data will continue to inform professional development and technical assistance plan.**
- **Develop Quality Improvement Plans for Bronze and Silver providers. Ensure that at least 75% of programs achieve Gold status by 2017.**

3.4 Pathways to Excellence for the Workforce - Professional Development Systems and Workforce Initiatives (Component #4)

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

1) Core Knowledge and Competencies
2) Career Pathways (or Career Lattice)
3) Professional Development Capacity
4) Access to Professional Development
5) Compensation, Benefits and Workforce Conditions

a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities.

OSSE and its partners will provide the early childhood community with a wide range of trainings. A professional registry and career counseling component will continue to early childhood community. Training is also delivered by trainers approved under the Trainer Approval Program. These trainers are required to upload their trainings to the professional development registry (PDR). OSSE/ECE has formal training partnerships with:
- **Serv DC - to provide training on CPR, First Aid and Emergency Preparedness training;**
- **University of the District of Columbia - Professional Development and Technical Assistance for Infant and Toddler core knowledge areas**
- **American University, Trinity University and the University of the District of Columbia - Higher Education Scholarships**
- **Mary Center - English Language Learner Services**
- **Child and Family Services Administration - Child Abuse and Neglect Prevention and Reporting Requirements Training**

3.4.1 Workforce Element 1 - Core Knowledge and Competencies

Definition - For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

Effective Date: 01-OCT-13

a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

☑ Yes

☐ No, the State/Territory has not developed core knowledge and competencies. **Skip to question 3.4.2.**

☐ Other.
Describe:

| |
| |

If yes, insert web addresses, where possible: www.osse.dc.gov

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

☑ Child growth, development and learning
☑ Health, nutrition, and safety
☑ Learning environment and curriculum
☐ Interactions with children
☑ Family and community relationships
☑ Professionalism and leadership
☑ Observation and assessment
☐ Program planning and management
☑ Diversity
☑ Other.
Describe:

Curriculum, Inclusive Practices, Social Emotional Development, and Mental Health

☐ None.

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

☐ To define the content of training required to meet licensing requirements
☑ To define the content of training required for program quality improvement standards (as reported in section 3.3)
☐ To define the content of training required for the career lattice or credential
☑ To correspond to the early learning guidelines
☐ To define curriculum and degree requirements at institutions of higher education
☐ Other.
Describe:

☐ None.

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

☑ Cross-walked with the Child Development Associate (CDA) competencies
☑ Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, National Council for Accreditation of Teacher Education/Council for the Accreditation of Educator Preparation, Head Start SOLAR staff skills indicators)
☐ Cross-walked with apprenticeship competencies
☐ Other.
Describe:

☐ None.

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

☐ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

☐ Providers working directly with children in family child care homes, including aides and assistants.

Describe:

☐ Administrators in centers (including educational coordinators, directors).
Describe:

☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:

☐ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

☐ Other.
Describe:

☑ None.

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

☐ Birth-to-three
☐ Three-to-five
☐ Five and older
☐ Other.
Describe:

☑ None.

3.4.2 Workforce Element 2 - Career Pathways

Definition - For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

✏️ a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

☑ Yes.

Describe:

A draft was formalized in November 2011. The career pathway will be finalized and posted on the learndc.org website and the professional development registry in 2014.

☐ No, the State/Territory has not developed a career pathway. **Skip to question 3.4.3.**

Insert web addresses, where possible:

b) Check for which roles, if any, the career pathway (or lattice) include qualifications, specializations or credentials.

☑ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

The DC career pathway is a voluntary system that serves as a career guide for the workforce. The levels reflect a wide range of common positions across all settings.

☑ Providers working directly with children in family child care homes, including aides and assistants.
Describe:

The DC career pathway is a voluntary system that serves as a career guide for the workforce. The levels reflect a wide range of common positions across all settings.

☑ Administrators in centers (including educational coordinators, directors).
Describe:

The DC career pathway is a voluntary system that serves as a career guide for the workforce. The levels reflect a wide range of common positions across all settings.

☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

☐ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

☐ Other.
Describe:

☐ None.

c) Does the career pathway (or lattice) include specializations or credentials, if any, for working with any of the following children?

☐ Infants and toddlers
☐ Preschoolers
☐ School-age children
☐ Dual language learners
☐ Children with disabilities, children with developmental delays, and children with other special needs
☐ Other.
Describe:

☑ None.

d) In what ways, if any, is the career pathway (or lattice) used?

☑ Voluntary guide and planning resource
☐ Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13
☐ Required placement for all practitioners working in programs that receive public funds to serve children birth to 13
☐ Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)
☐ Required placement for participation in scholarship and/or other incentive and support programs
☐ Required placement for participation in the QRIS or other quality improvement system
☐ Other.

Describe:

<div style="border:1px solid black; height:60px;"></div>

☐ None.

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice?)?

☑ Yes.
If yes, describe:

The DC Career Guide for Early Childhood and Out of School Time Professionals is a system to track, guide and recognize the professional accomplishments of the workforce. The levels on the guide correspond with higher education credits and national certifications. All documentation applicants present to justify placement on the levels are verified for authenticity

☐ No.

3.4.3 Workforce Element 3 - Professional Development Capacity

Definition - For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Early childhood includes infants, toddlers and preschoolers.

Effective Date: 01-OCT-13

a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

☑ Yes.
If yes, describe:

OSSE's grantee conducted research to create a higher education capacity survey. The goal was to assess the capacity of the higher education institution in surrounding area to support the new education requirements of the revised QRIS. The report included the following data elements:

- **Regions(programs in the surround areas including where the current workforce lives and works)**

- **Depth of Degree Programs (ECE degrees offered, totals credits in degree programs, courses offering teacher licensure, practicum requirements, graduation rates)**
- **Availability (location of campuses, experience with program cohort of students, online availability of courses, evening course offering)**
- **Articulation(credits given to candidates with CDA, articulation agreements with AA, BA colleges, prior experiences taken into consideration for practicum)**
- **Accreditation (regional, program [NCATE, NAEYC])**
- **Affordability (cost per credit, cost of entire program, scholarships, available for students, participation in scholarship program)**
  Contact information

☐ No.

b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

☑ Yes.
If yes, describe:

In 2009, OSSE/ECE and the University of the District of Columbia, Center for Applied Research and Urban Policies (CARUP) conducted research to identify the training and technical assistance programs available as well as strengths and areas for improvement. Findings from this research were used to create a professional development plan, known as DC Professionals Receiving Opportunities and Support (DCPROS).

☐ No.

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

☐ Standards set by the institution
☑ Standards set by the State/Territory higher education board
☑ Standards set by program accreditors
☑ Standards set by State/Territory departments of education
☐ Standards set by national teacher preparation accrediting agencies
☐ Other.
Describe:

☐ None.

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

☑ Training approval process.
Describe:

The TAP has been updated to include, as part of the trainer approval process, a traininig approval process where potential trainers provide a model training for a panel of reviewers

☑ Trainer approval process.
Describe:

OSSE/ECE's Trainer Approval Program ensures that trainers have higher education credentials, prior training experience, and experience in the field. Approved trainers are well versed in specific Core Knowledge Area(s). Their education and experience are also aligned with their specific training content level

☐ Training and/or technical assistance evaluations.
Describe:

☐ Other.
Describe:

☐ None.

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

☐ Yes.
If yes, describe:

☑ No.

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

☐ Yes.
If yes, describe:

☑ No.

3.4.4 Workforce Element 4 - Access to Professional Development

Definition - For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.

Effective Date: 01-OCT-13

a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

☑ Yes. If yes, for which sectors?
☑ Child care
☑ Head Start/Early Head Start
☑ Pre-Kindergarten
☑ Public schools
☑ Early intervention/special education
☐ Other.
Describe:

☐ No.

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

☑ Yes.
If yes, describe:

OSSE will serve as a central repository for all PD offerings for early childhood professionals in the District of Columbia. In addition to annual course catalog distributed every year, OSSE will post information on learndc.org and promote PD offerings on social media outlets, i.e. Twitter and Facebook.

☐ No.

Insert web addresses, where possible:

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

☑ Scholarships.
Describe:

Scholarships are provided to professionals seeking the Child Development Associate (CDA) credential. Higher education scholarships are also provided via the Workforce Scholarship Program

☑ Free training and education.
Describe:

The Monthly Training Calendar and the Biweekly Newsletter and Bulletin services as a centralized source for all trainings. OSSE/ECE offers free trainings through grantees and partners. These trainings are aligned with the Core Knowledge Areas

☐ Reimbursement for training and education expenses.
Describe:

☐ Grants.
Describe:

☐ Loans.
Describe:

☐ Loan forgiveness programs.
Describe:

☐ Substitute pools.
Describe:

☐ Release time.
Describe:

☐ Other.
Describe:

☐ None.

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

☐ Yes.
If yes, describe:

☑ No.

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?

☐ Yes.
If yes, describe:

☑ No.

3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce ConditionsDefinition - For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

📏 a) Does the State/Territory have a salary or wage scale for various professional roles?

☐ Yes.
If yes, describe:

☑ No.

📏 b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

☐ Yes.
If yes, describe:

☑ No.

📏 c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

☐ Yes.
If yes, describe:

☑ No.

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

☐ Yes.
If yes, describe:

☑ No.

3.4.6 Data & Performance Measures on the Child Care Workforce - What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

Effective Date: 01-OCT-13

a) Data on the child care workforce. Indicate if the Lead Agency or another agency has access to data on:

☑ Data on the size of the child care workforce.
Describe (optional):

The Lead Agency has access to this data (Acela Data Base and the Professional Development Registry).

☑ Data on the demographic characteristics of practitioners or providers working directly with children.
Describe (optional):

 The Lead Agency has access to this data (Acela Data Base and the Professional Development Registry) .

☑ Records of individual teachers or caregivers and their qualifications.
Describe (optional):

 The Lead Agency has access to this data (Acela Data Base and the Professional Development Registry). ..

☐ Retention rates.
Describe (optional):

☐ Records of individual professional development specialists and their qualifications.
Describe (optional):

☑ Qualifications of teachers or caregivers linked to the programs in which they teach.
Describe (optional):

The Lead Agency has access to this data (Acela Data Base and the Professional Development Registry) .

☑ Number of scholarships awarded .
Describe (optional):

Demographic data, including place of employment, for all CDA and higher education scholarship recipients are tracked by a third party vendor.

☐ Number of individuals receiving bonuses or other financial rewards or incentives.
Describe (optional):

☐ Number of credentials and degrees conferred annually.
Describe (optional):

☐ Data on T/TA completion or attrition rates.
Describe (optional):

☐ Data on degree completion or attrition rates.
Describe (optional):

☐ Other.
Describe:

☐ None.

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition - For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

☐ Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

☐ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

☐ Providers working directly with children in family child care homes, including aides and assistants.
Describe:

☐ Administrators in centers (including educational coordinators, directors).
Describe:

☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:

☐ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

☐ Other.
Describe:

☐ None.

b-2) Does the workforce data system apply to:

☐ all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?
☐ all practitioners working in programs that receive public funds to serve children birth to age 13?
☑ No.

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

Professional Development Registry enrollment will be increased by the implementation of career ladder enrollment for the entire workforce of subsidized providers. In addition, enrollment in the PDR will be required for registration in OSSE sponsored training(i.e. learning standards, emergency preparedness and CPR). OSSE will increase the Professional Development Registry enrollment by 20%

d) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

• **Measure the inter-rater reliability of the registry to ensure that credentials are accurately aligned with each level on the career lattice.**

• **Survey registry participants and professional development stakeholders to identify strengths. Use of evaluation data to strengthen this system**.

3.4.7 Goals for the next Biennium -
In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section in 3.4. Lead Agencies will report progress and

updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

Note -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

<div align="right">Effective Date: 01-OCT-13</div>

Goal #1:
Goal 1 – Align professional development training with early childhood professional landscape

Goal 2 – Streamline professional development scholarship program