

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L.113–186), and 42 U.S.C 9858.

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**Child Care and Development Fund (CCDF) Plan for**

**State/Territory**

**FFY 2022 – 24 \_\_\_\_\_**

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from Oct. 1, 2021 to Sept. 30, 2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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## 1.1 CCDF Leadership

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

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

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

#### a. Lead Agency or Joint Interagency Office

Information: Name of Lead Agency: *The Office of the State Superintendent of Education (OSSE).*

Street Address: *1050 First Street, NE.*

City: *Washington.* State: *DC* ZIP

Code: *20002.*

Web Address for Lead Agency: [www.osse.dc.gov](http://www.osse.dc.gov).

#### b. Lead Agency or Joint Interagency Official Contact

Information: Lead Agency Official First Name: *Christina.*

Lead Agency Official Last Name: *Grant.* Title: *State Superintendent.*

Phone Number: *(202) 727-6436.*

Email Address: [Christina.Grant@dc.gov](mailto:Christina.Grant@dc.gov).

### 1.1.2 Who is the CCDF Administrator?

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

#### a. CCDF Administrator Contact Information:

CCDF Administrator First Name: *Sara*

CCDF Administrator Last Name: *Mead*

Title of the CCDF Administrator: *Assistant Superintendent of Early Learning*. Phone Number: *(202) 506-0467*.

Email Address: [Sara.Mead@dc.gov](mailto:Sara.Mead@dc.gov).

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

CCDF Co-Administrator First Name: *Christina*. CCDF Co-Administrator Last Name: *Crayton*.

Title of the CCDF Co-Administrator: *Early Childhood Education Policy Officer* Phone Number: *(202) 257-3995*.

Email Address: [Christina.Crayton@dc.gov](mailto:Christina.Crayton@dc.gov).

Description of the Role of the Co-Administrator: *Overall management of the CCDF Plan implementation and responsibility for State Plan amendments, coordination with Region III office and general coordination with District CCDF staff.*

## 1.2 CCDF Policy Decision Authority

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

### 1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(d)(1)). Check one.

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

If checked, skip to question 1.2.2.

b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

- A. State or territory. Identify the entity.
- B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local entity (ies) can set.
- C. Other. Describe:.

ii. Sliding-fee scale is set by the:

- A. State or territory. Identify the entity.
  - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity (ies) can set.
  - C. Other. Describe:
- iii. Payment rates and payment policies are set by the:
- A. State or territory. Identify the entity. .
  - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the payment rates and payment policies the local entity (ies) can set.
  - C. Other. Describe:
- iv. Licensing standards and processes are set by the:
- A. State or territory. Identify the entity.
  - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity (ies) can set.
  - C. Other. Describe.
- v. Standards and monitoring processes for license-exempt providers are set by the:
- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity (ies) can set. Click or tap here to enter text
  - Other. Describe: Click or tap here to enter text
- vi. Quality improvement activities, including QRIS are set by the:
- A. State or territory
  - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity (ies) can set.
  - C. Other. Describe:
- vii. Other. List and describe any other program rules and policies (e.g., quality rating and improvement systems [QRIS], payment practices) that are set at a level other than the state or territory level:
- 1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity (ies) implements or performs CCDF services.

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

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

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

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

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).
  - Tasks to be performed
  - Schedule for completing tasks
  - Budget which itemizes categorical expenditures in accordance with CCDF requirements
  - Monitoring and auditing procedures
  - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies. NOTE: The Office of the State Superintendent of Education (OSSE) has a Memorandum of Understanding (MOU) with the DC Department of Human Services (DHS), which is the District's Temporary Assistance for Needy Families (TANF) agency. The MOU

outlines the roles and responsibilities of DHS in determining child care eligibility. The MOU includes specific tasks to be completed by DHS and OSSE, with clear timelines and budget line items. Additionally, the MOU requires OSSE to conduct onsite reviews to determine compliance with established policies, conduct follow-up visits to validate compliance and provides for scheduled and unscheduled monitoring visits. OSSE conducts quarterly audits/eligibility reviews of DHS. During these reviews, OSSE eligibility monitors request a selected sample of records for each caseworker. A transmittal form is prepared for the case records and the intake and assignment forms are printed. The eligibility monitor visits DHS' child care services office and reviews each record using the Eligibility Review Assessment Form – this form documents each eligibility factor. These forms are given to the supervisor to complete/update any factors that were noted for correction. During the second review, the Eligibility Review Assessment Form and the Cover Sheet are given to the supervisor and if needed, an additional five to 10 days is given for the resolution of any outstanding deficiencies.

For Level II providers, which are community-based organizations (CBOs) authorized to conduct eligibility determinations, expectations and commitments are reflected in the Provider Agreement for Subsidized Child Care Services. All providers that accept subsidy enter into an annual provider agreement with OSSE. For Level II providers, there is an additional addendum that outlines the scope of Level II services, including eligibility determinations tasks to be completed, timelines for completing those tasks and monitoring and accountability. OSSE's Division of Early Learning (DEL) Operations and Grants Management (OGM) unit conducts annual audits/eligibility reviews of Level II providers (CBO) records. The percentage of eligibility records reviewed is determined by the site's total number of families enrolled in subsidy. The criteria are:

- One to 30 family case records – all records will be reviewed
- 31 to 100 family case records – 50 percent (randomly selected) will be reviewed
- More than 100 family case records – 30 percent (randomly selected) will be reviewed

A randomly selected list is prepared for the case records and the intake and assignment forms are printed. The eligibility monitor visits the CBO and reviews each record using the eligibility review checklist – the checklist documents each eligibility factor. These forms are given to the eligibility worker to complete/update any factors that were noted for correction. During the second review, the Eligibility Review Assessment Form and the Cover Sheet are given to the eligibility worker and if needed, an additional five to 10 days is given for the resolution of any outstanding deficiencies.

OSSE funds child care resource and referral (CCR&R) services through the Building and Sustaining Quality (BSQ) grant. The grant supports and aligns several activities to improve the supply and quality of child care that are carried out by a lead grantee and its subgrantees. The Lead Agency tracks CCR&R expenditures via monthly invoices submitted by the BSQ grantee that itemize CCR&R expenditures according to their budget line items. OSSE holds bi-weekly grantee meetings to receive updates, discuss grant program implementation and monitor progress toward deliverables. Any issues with program activities are discussed and a plan of action is developed to resolve the concern.



The CCR&R tracks each contact made with families, providers and others, including those made over the phone, by email, on their website and in person through an online Quickbase application. OSSE staff review and analyze this data on a monthly basis. The CCR&R also tracks and submits data to OSSE on child care referral requests received from families, child care matching with families, language access, lending library activities, community sites visits, professional development training, technical assistance support to providers and overall family and community engagement. All reports are checked for discrepancies and the CCR&R is advised of any corrections needed. An OSSE grantee dashboard is used to track and compare the analytics monthly to inform strategies to address opportunities for improvement.

1.2.4 Note: Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states. OSSE does not expend CCDF funds to develop any code or software for child care information systems or information technology, and has no plans to use CCDF funds for this purpose during the timeline of the 2022-24 state plan.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information. Note: OSSE requires all employees, contractors and other personnel to maintain the security and privacy of any and all data, documents and information acquired by and accessed through OSSE. Staff are required to sign a non-disclosure agreement asserting compliance with these policies. The non-disclosure agreement affirms that staff comply with confidentiality and security of personally identifiable information (pii) pursuant to District of Columbia laws and regulations, as well as federal laws and regulations and that this information is not disclosed to any unauthorized party, organization or entity. Also, OSSE's licensing regulations require child development facilities to conform to applicable state and federal laws and protect a child's confidential information, keeping all records in a secure location and not disclosing information concerning an individual child or the parents/guardians. Further, each child care provider that participates in the District's subsidized child care program is required to sign a "Provider Agreement" which specifically requires that the provider is responsible for ensuring all children's records are maintained in a safe and secure manner. Per the Provider Agreement, OSSE will hold the Provider accountable for any and all missing records by recouping the payment for the child for the time period the Provider could not produce the record to substantiate eligibility.

### 1.3 Consultation in the Development of the CCDF Plan

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

- (1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

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

1.3.1 Describe the Lead Agency’s consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. – c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

- a. Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. OSSE met with and obtained input from the Deputy Mayor for Education (DME) during the development of the Plan. Additionally, as described below, OSSE met with and obtained input from the State Early Childhood Development Coordinating Council (SECDCC) which includes representatives from the Executive Office of the Mayor (EOM) and the Council of the District of Columbia. During these consultative meetings, OSSE focused on strategies to improve the quality of and access to high-quality child care and ensure equitable access to high-quality care. Additionally, these consultations and collaborations yielded critical stakeholder feedback aimed at empowering families and increasing knowledge of high-quality child care and strategies to strengthen the District’s early care and education infrastructure.
- b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body. OSSE’s Assistant Superintendent of Early Learning – who also serves as the CCDF Administrator – facilitated two consultation sessions with the SECDCC. The first session was held in January 2020 and included:
  - Background on the Child Care and Development Block Grant (CCDBG) Reauthorization Act of 2014 and the state plan requirements
  - An overview of the purpose of each preprint section/topic
  - Presentation and vote on the District’s proposal to conduct alternative methodology as part of the State Plan
  - General updates on the District’s State Plan development process

During the January 2020 meeting, the SECDCC voted to move forward with requesting ACF approval to use the alternative cost methodology for the FY 2022-2024 CCDF Plan.

OSSE held a second consultation session with the SECDCC in March 2020. During this session, the Assistant Superintendent of Early Learning recapped the background and purpose of CCDF and the three-year Plan. The session included a more in-depth review of each of the eight sections of the CCDF preprint highlighting the initiatives the District is currently implementing under each section. Following the main presentation, SECDCC members participated in two breakout groups to facilitate direct engagement on the CCDF Plan. The CCDF Administrator and the Co-Administrator facilitated each of the breakout groups and solicited input on improving the District's support for the early childhood workforce; enhancing partnerships across government agencies to increase high-quality child care; ensuring CCDF-eligible families/parents have equal access to high-quality child care and what if any policies that were changed during the coronavirus (COVID-19) public health emergency should be extended through the CCDF Plan period.

In May 2021, OSSE discussed key themes from public comment on the draft plan with the SECDCC and solicited additional input from SECDCC members.

As part of the consultation process, SECDCC members recommended reviewing family/parent outreach and engagement practices in preparation for the resumption of eligibility redeterminations following the conclusion of the public health emergency and additional support for the early childhood education workforce.

- c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.  
N/A.
- d. Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan. OSSE consulted with a number of public and private stakeholders to gather input on the CCDF Plan. The list of these groups (and brief descriptions) include:
- District's Child Care Recovery Workgroup - a core group of early childhood education stakeholders convened in spring 2020 to assist OSSE in developing guidance, templates and other tools to support child care reopening efforts due to the coronavirus (COVID-19) public health emergency, and which OSSE continues to engage for advice and input on key issues facing the District's early learning community;
  - Program managers from CBOs participating in the Pre-K Enhancement and Expansion Program (PKEEP), a part of the District's publicly funded pre-k program for 3- and 4-year-old children;
  - The Early Childhood Stakeholders Group, a broad group of licensed child care providers – including both CCDF and non-CCDF providers – that OSSE convenes through regular calls to facilitate the flow of information on changes and guidance during the coronavirus (COVID-19) public health emergency;
  - The District of Columbia Head Start Association (DCHSA); DC Early Learning

Collaborative (DC ELC); and DC Action for Children (DC Action). DCHSA represents all Early Head Start and Head Start programs within the District of Columbia. The DC ELC is an alliance of more than 100 education professionals, organizations, and coalitions working together to advocate for improved early childhood education policy, investment, and services. DC Action is an advocacy organization that works to promote public policies that support kids at every step from early childhood to early adulthood.

- 1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:
- a. Date of the public hearing. **May 25, 2021.**  
Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).
  - b. Date of notice of public hearing (date for the notice of public hearing identified in a. **April 16, 2021.**  
Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).
  - c. How was the public notified about the public hearing? Please include specific website links if used to provide notice. **The District of Columbia's method for formal notification of public hearings is the DC Register. The Notice of Public Hearing (NOPH) for the Child Care and Development Fund Plan for FFY 2022-24 and the link to the draft CCDF Plan was included in the D.C. Register on April 16, 2021 and is available here <https://www.dcregs.dc.gov/>. Additionally, OSSE notified the District's early childhood education stakeholder community through the bi-weekly Early Childhood Stakeholders Group call, the monthly convening of the DC Child Care Recovery Working Group and through OSSE's LEA Look Forward, a newsletter that reaches over 2,296 education leaders directly.**
  - d. Hearing site or method, including how geographic regions of the state or territory were addressed. **Due to the COVID-19 public health emergency, OSSE held a virtual public hearing through a webinar platform. OSSE ensured that translation services were available if the services were requested. The available options included Amharic, Chinese, French, Spanish, Vietnamese, Korean and American Sign Language.**  
**Additionally, OSSE met with key community groups to collect input on the state plan and to announce the public hearing.**
  - e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.)  
**The draft plan was made available through OSSE's website on Monday, May 3, 2021 as announced in the NOPH. The NOPH included a website link to OSSE's draft state**

plan along with instructions for submitting public comments on the state plan. OSSE also circulated the NOPH and the draft CCDF Plan to the District's CCR&R grantee, DC Child Care Connections (DC CCC), to be posted on the agency's website. An announcement regarding availability of the plan was also shared during the District's May 3 and May 17 Early Childhood Stakeholders calls, directly reaching hundreds of child care providers and key District stakeholders. Individuals needing assistance to access the draft plan in languages other than English could contact the District's language access hotline for support.

- f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? OSSE collected public comments through three methods: (1) using a Google-based form listing all of the CCDF preprint topics and sections, (2) general written comments submitted through OSSE's general comment email and (3) public testimony presented during the public hearing. OSSE staff analyzed the comments following the completion of the comment period, grouped them based on the CCDF topic and identified places where plan changes were needed in response to feedback or to clarify items that were unclear. Feedback that addressed topics outside of the scope of the plan or recommended actions that require a longer timetable to address was recorded to inform OSSE's work in the future. OSSE's leadership reviewed key themes from stakeholder feedback with the SECDCC and consulted with them to finalize the recommendations that were included in the District's CCDF Plan.

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

- a. Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed. <https://osse.dc.gov/publication/dc-child-care-and-development-fund-state-plan>.
- b. Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.
- Working with advisory committees. Describe: OSSE works with the SECDCC to provide input on and share updates regarding the District's CCDF Plan. SECDCC members help OSSE disseminate these updates to constituencies they represent, and information shared with the SECDCC is available to the public in agendas and presentation materials for each SECDCC meeting, which are posted on OSSE's website here: <https://osse.dc.gov/page/secdcc-archived-agendas-and-presentations>
  - Working with child care resource and referral agencies. Describe: OSSE works with DC CCC, the District's CCR&R grantee, to publish announcements on the District's draft CCDF plan, the public hearing and the process for the public to provide comments. DC CCC also directs incoming questions on the CCDF Plan to the

appropriate OSSE staff. Visitors to the DC CCC website can view the state plan at <https://dcchildcareconnections.org/resources/>.

- Providing translation in other languages. Describe: OSSE's Language Access Coordinator ensures members of the public needing interpretation services can access the CCDF Plan and supports translation services requested/needed during the public hearing. OSSE is translating the final CCDF Plan into Spanish.
- Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: OSSE's Communications Office manages the distribution and updating of: 1) OSSE's virtual, social media platforms to circulate announcements related to the public hearing notification; 2) publication of the draft CCDF Plan and 3) throughout the cycle of the current CCDF Plan, amendments and waivers. OSSE's social media channels include <https://www.facebook.com/OSSEDC/> and <https://twitter.com/ossedc>.
- Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe: OSSE provides updates and presentations to all of the District's licensed child care providers (CCDF and non-CCDF) through the bi-weekly Early Childhood Stakeholder calls, the monthly Child Care Recovery Workgroup, public hearing notification published in the DC Register and participation in convenings of providers, families, and advocates hosted by external partners (such as advocacy groups). OSSE staff also meet with the Quality Improvement Network (QIN) Parent Policy Council to provide updates on the CCDF Plan.
- Working with statewide afterschool networks or similar coordinating entities for out-of-school time. OSSE works with the District's DME's Office of Out of School Time (OST) Grants and Youth Outcomes and DC Action, which convenes a coalition of OST advocates and stakeholders, to circulate information on the availability of the District's CCDF Plan, upcoming public hearing notice, and updates throughout the cycle of the current CCDF Plan.
- Other. Describe:

#### 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

childhood programs in receiving full-day services.

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

- extending the day or year of services for families.
  - smoothing transitions for children between programs or as they age into school.
  - enhancing and aligning the quality of services for infants and toddlers through school-age children.
  - linking comprehensive services to children in child care or school-age settings.
  - developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.
- a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.
- i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

The District of Columbia is a single unit of government that carries out the functions and responsibilities of a state, county, and city government. Within this structure, OSSE serves as the state education agency (SEA) and has the oversight and responsibilities of the state CCDF lead agency. OSSE works in close partnership with other units of District Government that have both state and local functions.

As the CCDF lead agency, OSSE works closely with the Mayor and the DC Council with the goal of ensuring that policies, financing and coordination are in place to expand accessibility and continuity of care and provide full-day, full-year comprehensive services for young children, especially those most vulnerable. OSSE is part of the "education cluster" of agencies that report to and coordinate with the DME. OSSE Leadership (including the CCDF Administrator) meet regulatory with the DME to provide updates on initiatives and activities and to solicit input on key topics. OSSE also works through the DME to facilitate coordination with other agencies and offices within the education cluster and the EOM. In addition, the Lead Agency reports quarterly to the City Administrator on Key Performance Indicators (KPIs), including indicators of child care supply, quality, and equitable access. The DC Council is the legislative body for the District of Columbia and carries out performance and budget oversight of District agencies, including OSSE. OSSE staff engage with the Council and its staff around issues related to early care and education both formally (e.g. through budget and performance oversight hearings) and informally on an ad hoc basis. Representatives of the DC Council also participate in the District's early childhood coordinating bodies (e.g. the SECDCC and Interagency Coordinating Council (ICC)) to ensure representation of legislative perspectives in those bodies and ensure that the DC Council is informed of these bodies' work. As the lead agency, OSSE serves as the convener of these bodies, which also facilitates coordination between the lead agency and the DC Council.

The partnership between the Executive, Council, and lead agency has resulted in legislative and budget actions that advance the District's early childhood system and outcomes for children and families, including our Universal Pre-K Enhancement and Expansion Program (PKEEP) for 3- and 4-year-old children; the QIN, DC's Early Head Start-Child Care Partnership (EHS-CCP) grant; the

Mayor's Access to Quality Child Care (A2Q) Expansion Grant that provides local funding to increase the supply of infant and toddler care, investments in the early care and education workforce and a partnership with the Deputy Mayor for Planning and Economic Development (DMPED) to distribute locally funded assistance to child care providers during the public health emergency.

- ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

The SECDCC is the District's State Advisory Council. OSSE convenes the SECDCC bi-monthly. The State Superintendent of Education co-chairs the SECDCC and the CCDF Administrator is a member of the Council, as is the Director of the Head Start State Collaboration Office, which is also located within the Lead Agency. The functions of the SECDCC include the following: assist in the planning and development of a comprehensive early childhood education system that serves children from birth to 8 years of age; improve school readiness; and comply with the Improving Head Start for School Readiness Act of 2007. The vision of the SECDCC is that "All young children and families in the District of Columbia receive the necessary supports and services from birth to age eight to be ready to learn and develop successfully." The mission of the SECDCC is to "Support and advocate for policies and practices to ensure a comprehensive early childhood education and development system for infants, toddlers and young children by improving collaboration and coordination among agencies and community partners in the District of Columbia, in order for all children and families to thrive."

During the FY2022-24 CCDF Plan period, the SECDCC will continue to play a crucial role in the District's efforts to ensure a comprehensive early childhood education and development system for infants, toddlers and young children and improve collaboration and coordination among agencies and community partners in the District of Columbia. Key anticipated activities during the FY2022-24 CCDF Plan include:

- Providing input for and reviewing the outcomes of the District's implementation of American Recovery Plan Child Care Stabilization Grants.
- Reviewing and providing input on policies and practices to support child development facilities during recovery from the public health emergency.
- Sharing information on and lessons learned from the efforts of schools, local education agencies (LEAs), CBOs and OSSE divisions to assess and respond to the impacts of the public health emergency on young children's learning and development.
- Reviewing available data and information on children's developmental outcomes following the public health emergency.
- Reviewing data from the 2020 Census on children ages birth to 8 in the District and their families and discussing implications of this data for efforts to improve the access to, quality and outcomes of services delivered by the District's comprehensive early childhood system.



- Discussing strategies to support the District’s early childhood workforce.
- Considering the impact of legislative and budget updates from the DC Council.
- Reviewing and providing input on any proposed regulatory changes and their implementation.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

**N/A**—Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency (ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

Part C for infants and toddlers and Part B 619 are administered through OSSE’s DEL. The Part C State Coordinator, the local Part C Director and the Part B 619 Coordinator meet regularly with the CCDF administrator and actively participate in the work of the SECDCC committees. Part C Early Intervention services are delivered using the Natural Learning Environment Practices (NLEP) framework.

The Part C and Part B Child Find teams visit child care settings to share information about the referral process and to provide training and supports regarding screenings to identify children with developmental delays. The goal of Part C early intervention services in the District is to build the capacity of parents and caregivers to help their child learn and develop through participation in everyday activities. Part C staff work closely with child development facilities to increase participation of teachers and caregivers in the implementation of Individual Family Service Plan (IFSP) goals and strategies.

Additionally, OSSE’s DEL is collaborating with DC Health to build child development centers capacity to utilize the Ages and Stages Questionnaires (ASQ) online screening. Part C and QIN staff are training 16 child development centers participating in the District’s EHS-CCP to use the ASQ online.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

OSSE’s DEL houses DC’s Head Start State Collaboration Office (HSSCO) and the Head Start State Collaboration Director. The HSSCO liaises between federal partners, the DCHSA, local Head Start (HS) and Early Head Start (EHS) programs and other District agencies and workgroups that serve young children. The HSSCO helps support ongoing collaboration and alignment of services and supports for family and community engagement, continuity of care for children, comprehensive services and supports and ongoing professional development (PD) for early learning professionals.

Additionally, the HSSCO works in collaboration with the District’s SECDCC to address gaps in early care and education service delivery, improve the overall quality of services to low income children and their families, and improve coordination of services and information exchange between various programs within the early care and education system.

The HSSCO's long-range goals include:

- The District will establish an outcomes-based, coordinated service-delivery model that improves the quality of care for all young children and their families through data-driven systems and quality improvement across the mixed-delivery system.
- The District will develop a comprehensive, coordinated early childhood data system, inclusive of all early childhood programs, that is accessible, transparent and used to inform decision-making and policy development.
- The District will have a comprehensive, competency-based early childhood workforce development system that supports, recognizes and adequately compensates early learning professionals, birth to third grade.
- Families and CBOs recognize Capital Quality as a measure of quality and use it to inform family choice and program quality improvement efforts.
- Connections and quality across the pre-K-3rd grade continuum are strengthened and there are smooth transitions between and within EHS, HS and LEA pre-K and Kindergarten programs, to advance progress towards OSSE's 2023 goals for improving academic outcomes and narrowing the achievement gap.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

OSSE coordinates with DC Health, the District's agency for public health and immunizations, with the goal of enhancing and aligning the quality of services for infants and toddlers through school-age children. OSSE and DC Health collaborate on policies and strategies to ensure child development facilities comply with the requirements of the Child Care Licensing Regulations (5-A DCMR § 100 et seq) and to ensure compliance with policies regarding vaccines (immunizations).

One example of this coordination was during the COVID-19 public health emergency when OSSE's DEL and Division of Health and Wellness (H&W) partnered with DC Health on COVID-19 policy changes. Through the partnership, OSSE and DC Health updated reopening guidance and guidance for child care providers, presented the new policy(ies) to the District's early childhood education stakeholders group and partnered on responding to questions and delivering technical assistance regarding health/immunization policy updates.

Through an MOU with OSSE DEL, DC Health provides funding for four Strong Start (DC's early intervention program) evaluator positions. As part of the MOU, OSSE DEL is collaborating with DC Health to build child development centers' capacity to utilize the ASQ online screening. Part C and QIN staff are training 16 child development centers participating in the District's EHC-CCP to use the ASQ online.

The goal is to expand access to and usage of the ASQ online system across the District for all child development centers and eventually connect across multiple stakeholders in the community that are actively conducting developmental screenings. This in turn will reduce duplication of screening efforts across district agencies and support more comprehensive communication with families regarding their child's overall development, while prioritizing parent input.

- vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results: OSSE and the Department of Employment Services (DOES) have a shared goal to ensure that low-income families with young children who are seeking job assistance and employment opportunities have access to the District's subsidized child care program. OSSE's coordination efforts included OSSE DEL staff participating in a DHS sponsored Business Process Redesign (BPR), which brought together government leaders and staff that work directly with families. During the BPR, OSSE heard from case workers on the experience families encounter when participating in education and job training programs. OSSE plans to use this information to explore opportunities such as co-locating child care eligibility specialists at American Job Centers (AJC) or delegating staff at the AJCs to determine the eligibility of families to receive child care assistance and then send the information to the DHS who would generate a voucher for the family.
- viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results: OSSE is the state agency responsible for public education and the District's universal pre-K program. The District delivers publicly funded pre-K through a mixed-delivery system, offering pre-K services in District of Columbia Public Schools (DCPS), public charter schools and CBOs that have been designated as high-quality through the PKEEP. The District of Columbia recognizes the importance and impact of pre-K as a catalyst for promoting positive outcomes and closing the existing achievement gap for young learners. Research indicates that high-quality early care and educational experiences for young children can improve the odds of success in nearly every aspect of life, from better social and working relationships to higher earnings and better health outcomes.
- Through substantial investments in pre-K, the District of Columbia has advanced its efforts to increase program quality and accountability to improve social and emotional development and school readiness. Some of the strategies used to enhance pre-K quality include 1) offering DC wide professional development opportunities for early childhood educators and leaders; 2) allocating funding to improve access to and support for extended hour care and quality programming; and 3) administering the collection of the Early Development Instrument (EDI) for all pre-K 4 students across the District. The EDI data are used by cross sector stakeholders to inform planning, targeted supports and community engagement.
- ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results: OSSE is the lead agency for child care licensing. Our goal is to ensure the health, safety and positive development of children. OSSE DEL's Director of Licensing works closely with the DEL Directors of the Quality Initiatives Unit; Early Intervention Unit; Policy, Planning and Research Unit and the Operations and Management Unit to ensure child development providers have access to the supports and training they need to provide healthy and safe learning environments that support positive development.
- x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

The Child and Adult Care Food Program (CACFP) program is administered through OSSE's H&W Division. The Assistant Superintendents of H&W and DEL meet regularly with their teams to review strategies to increase participation of child care programs in the CACFP and to plan other health and nutrition activities. The District's child care licensing regulations require licensed child development providers to ensure that planned daily menus and the food served by the facility are varied, suitable to the ages and developmental levels of the children and consistent with the meal pattern requirements and nutrition standards specified by the CACFP. Additionally, the H&W and DEL units partner to ensure CCDF providers comply with CACFP requirements included in the Provider Agreement for Subsidized Child Care Services in the District of Columbia. The agreement states that "pursuant to Section 4073(a) of the Healthy Tots Act of 2014, as amended July 31, 2017 (D.C. Act 22-130; D.C. Official Code § 38-282.01) ("HTA"), the Provider shall participate in the Child and Adult Care Food Program (CACFP), if at least 50 percent of enrolled children are eligible to receive subsidized child care for at least six continuous months". Teams from both units meet regularly to audit compliance with the program requirements, prepare joint communications and conduct joint outreach and education to meet the above stated goal.

Since the passage of the HTA, OSSE has refined an effective and systematic approach for working with child development facilities that are required to participate in CACFP. When a child development facility has been identified as meeting the HTA requirements to participate in CACFP, OSSE contacts the facility to encourage them to participate in CACFP. OSSE also makes the facility aware of the option to apply for a waiver of participation. OSSE follows up by scheduling an in-person technical assistance visit with the facility to provide face-to-face assistance with HTA and CACFP compliance. Facilities that decide to apply for CACFP receive training and reoccurring technical assistance from OSSE throughout the entire application process. Each facility receives a minimum of two technical assistance visits during the full application process. Individual and group CACFP trainings for child development facilities are also held at individual facilities and OSSE headquarters.

- xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results: OSSE McKinney-Vento Liaison partners with the CCDF Administrator and Co-Administrator (from OSSE's DEL) to provide training to OSSE's McKinney-Vento team and to the homeless liaisons and registrars in LEAs. The trainings help build awareness of and eliminate barriers children and families experiencing homelessness face in accessing subsidized child care.

The Virginia Williams Family Resource Center (VWFRC) serves as an intake hub for screening and placement for families seeking emergency shelter and other essential resources. OSSE has established a partnership with VWFRC to provide OSSE staff onsite to assist parents who have children in need of child care or educational supports, such as immediate enrollment and transportation assistance. OSSE developed a Homeless Education Program Fact Sheet for Parents which provides guidance on the educational rights of children, youth and families experiencing homelessness. Additionally, the CCDF Co-Administrator and a representative from one of the District's child care providers that work primarily with families experiencing homelessness delivered a joint training with local early care and general education leaders on supporting these children and families.

OSSE also has partnership agreements with the Child and Family Services Agency (CFSA) via its

contractor, the Community Partnership for the Prevention of Homelessness (TCP), the DHS and LEAs to facilitate the timely provision of child care for families experiencing homelessness. TCP coordinates the District of Columbia's integrated system of care, including prevention services, street outreach efforts, emergency shelter, transitional housing and permanent supportive housing for individuals and families experiencing homelessness.

- xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

DHS is the agency responsible for the TANF program. DHS transfers TANF funds to OSSE to support child care subsidies for TANF children and payees. DHS works closely with the lead agency and OSSE has been a key partner with DHS on its redesigned two generation (2Gen) approach to TANF. The Administrator and the Deputy Administrator for DHS' Economic Security Administration participate in OSSE's monthly QIN Interagency Steering Committee meetings. These meetings allow both leaders to review data on QIN participation, discuss topics such as wait lists in specific areas, and outline strategies for connecting TANF families to the QIN. DHS also participates in the SECDCC. DHS and OSSE work closely to align the District's child care and TANF eligibility policies and both agencies have a shared goal of developing policies and financing strategies that ensure the most vulnerable children have access to continuous, comprehensive high-quality child care. OSSE coordinates with the DHS CCSD to conduct presentations for the new TANF Employment Program (TEP) contractors. The goal is to increase the vendor's knowledge and understanding of the child care subsidy program so that they can serve as an additional resource to inform families of their options (and criteria to apply for subsidized child care). Under an MOU with OSSE, DHS staff conduct intake and eligibility determinations for child care subsidy for TANF families and children enrolling in Level I providers.

- xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

The Department of Health Care Finance (DHCF) is the agency responsible for District of Columbia Medicaid, a joint federal-state health insurance program that provides health care coverage to low-income and disabled adults, children and families. OSSE works closely with the DHCF on outreach, communication and sharing information regarding the District's Medicaid and State Children's Health Insurance Programs (S-CHIP). DHCF works closely with the Lead Agency through the SECDCC, the SECDCC Health and Well-being committee, the ICC, the QIN Interagency Steering Committee, and the Early Intervention Collaborative. The SECDCC is discussed, in section 1.4.1.a.ii. The Health and Well-being committee ensures stronger connections between early education and health, focusing on the well-being of children and their families.

- xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results: OSSE has developed a partnership with the Department of Behavioral Health's (DBH) Healthy Futures program to ensure that children and families in early care and education programs supported with CCDF funds have access to mental health supports and services. DBH's Healthy Futures program provides an evidence-based approach to mental health consultation. The implementation of mental health consultation offers child and family-centered consultation services to providers and family members in order to build their skills and capacity to promote social emotional development, prevent escalation of

challenging behaviors and to increase appropriate referrals for additional assessments and services. The mental health consultants provide trainings, link families to resources and provide coping strategies to families and staff who have experienced trauma. Through OSSE's partnership with DBH, Healthy Futures currently provides mental health consultation services to child development facilities participating in the QIN and the PKEEP and began expanding Healthy Futures to additional child development facilities in fiscal year 2020 (FY20). During the FY2022-2024 CCDF Plan period, OSSE will partner with DBH to implement planned expansion of Healthy Futures to additional child development facilities.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results: DC CCC, the child care resource and referral grantee for the District, supports OSSE with consumer education including helping families find child care that meets their needs through My Child Care DC (MCCDC), providing linkages to other state agencies and resources for families and providers, conducting outreach in the community and managing the state professional development including the Training Approval Program (TAP). DC CCC is funded through OSSE's BSQ Early Care and Education Grant and works collaboratively with other grantees funded through the lead agency to leverage their expertise and support. DC CCC is a critical connector of all of the work being done by the lead agency grantees by helping to share best practices, discuss challenges and problem solve solutions.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results: OSSE DEL partners with the OST Grants and Youth Outcomes office, located within the DME, and OSSE's Division of K-12 Systems and Supports (K-12) to coordinate and leverage resources and supports with the goal to make out of school time opportunities available to our most vulnerable students. Using funds provided through the 21<sup>st</sup> Century Community Learning Centers (CCLC) grant program, authorized under Title IV, Part B, of the Elementary and Secondary Education Act (ESEA), the OST Office and OSSE K-12 partner with CBOs and LEAs to fund programs that operate during non-school hours and are focused on: 1) helping students with academic enrichment; 2) offering positive youth development activities such as counseling and drug prevention; and 3) working with families of students participating in community learning center sponsored opportunities. OSSE DEL works with the OST Office and K-12 Division over the course of the school year to share information with CBOs and LEAs on child care licensure, subsidies and other funds and support efforts to improve access to and coordination of out-of-school-time care. Because OSSE's DEL and K-12 Division are part of the same agency, which is under the oversight of the DME, these collaboration processes take place through existing agency collaboration processes (such as Leadership Team meetings, check-ins between OSSE leadership and DME and OSSE's agency wide priority planning process), with follow-up by designated staff as needed. Coordination around OST is a topic in OSSE's "Start of School Stock Take" cross-agency process used to coordinate work across various OSSE divisions, LEAs, and with DME to support a smooth start to the school year for students. These processes enable OSSE and divisions that support OST work to identify strengths and areas for improvement in service delivery or coordination and take action to address them. In fiscal year 2021 (FY21), for example, OSSE's cross-agency priorities included a priority around coordinating efforts to support LEAs and CBOs in addressing the needs of children and families

who needed access to care or in-person learning for school-aged children during COVID-19 related school closures, and OSSE DEL coordinated a cross-agency working group (including representatives from OSSE DEL, OSSE DEL grantees, OSSE's K-12 Division, and LEAs) participating in an ACF sponsored OST technical assistance (TA).

Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The agency responsible for emergency management and response in the District of Columbia is Homeland Security and Emergency Management Agency (HSEMA). OSSE worked closely with HSEMA in the development of the District's statewide child care disaster and response plan and OSSE will work closely with HSEMA during the CCDF 2022-24 Plan period to revise the plan based on lessons learned during the public health emergency. Our shared goal is to ensure the health and safety of all children and staff in the event of an emergency or disaster and to support reunification and recovery as quickly as possible. As the District entered the reopening phases during the COVID-19 public health emergency, OSSE also partnered with HSEMA and child care providers to support safe reopening and operations of child care. Through this partnership, OSSE distributed over 898,000 pieces of PPE to all licensed child care providers who wanted them.

- b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

- i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: OSSE leveraged the EHS-CCP grant to develop the QIN, which aims to build capacity, increase access to and enhance the quality of care of infants and toddlers. The QIN brings EHS services such as family engagement, coaching and technical assistance, mental health and child health services to children and families who are living below the federal poverty line in child development centers throughout the District. The federally-funded QIN is currently implemented through one hub, the United Planning Organization (UPO). Currently, UPO supports a network of 16 child development centers. The QIN hub provides continuous, intensive and comprehensive child development and family support services, along with professional development (PD) and wide-ranging assistance to child care partners (CCPs) in meeting EHS standards. Currently, the QIN serves children in six of the eight wards (geographical sections/groups of neighborhoods) in DC. All services provided through this initiative are full-day (no less than 10 hours) and full-year (no less than 48 weeks).

In addition to OSSE's direct role in managing and supporting the QIN, the HSSCO located within OSSE's DEL supports coordination and collaboration between the District's four EHS-CCP grantees and OSSE DEL, other OSSE divisions and LEAs. Because the District offers universal pre-k, many children transition directly from EHS and EHS-CCP programs to pre-k within LEAs, and HSSCO partners with EHS programs and LEAs to support these transitions. All the EHS and EHS-CCP grantees located in the District are licensed child care facilities and participate in

the District's child care subsidy program. OSSE DEL and the HSSCO partner with EHS and EHS-CCP programs to address questions or concerns related to licensing and subsidy policies and practices and seek input to inform these policies and practices to support alignment of EHS and CCDF policies to the extent possible.

- ii. State/territory institutions for higher education, including community colleges.

Describe: OSSE is an active member of the Higher Education Early Childhood Collaborative. Membership of this group has changed over time, but typically includes representatives from the University of the District of Columbia (UDC), Trinity Washington University (Trinity) and American University (AU). This group typically meets quarterly and is charged with ensuring supports for higher education degree attainment. OSSE also funds, coordinates and collaborates with the Early Childhood Education Workforce College Development Program, which works with various local and national universities to support the workforce in attaining an associate's or bachelor's degree in early childhood. OSSE's DEL works closely with OSSE's Division of Postsecondary and Career Education (PCE) to coordinate engagement and partnerships with higher education institutions in the District and outreach to early childhood educators about postsecondary education offerings and funding opportunities, such as the Adult College Completion Fair.

iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: OSSE works closely with the OST Grants and Youth Outcomes office located within the Office of the DME, the 21st Century after school program administered by OSSE K-12 Systems and Supports Division and LEAs (e.g. traditional public schools and public charter schools) to coordinate and leverage resources and supports with the goal to make out of school time opportunities available to the District's most vulnerable students. Using funds provided through the 21<sup>st</sup> CCLC grant program, authorized under Title IV, Part B, of the ESEA the OST Office and OSSE K-12 partner with CBOs and LEAs to fund programs that operate during non-school hours and are focused on helping students with academic enrichment; offering positive youth development activities such as counseling and drug prevention; and working with families of students participating in community learning center sponsored opportunities. OSSE DEL works with the OST Office and K-12 Division over the course of the school year to share information with CBOs and LEAs on child care licensure, subsidies and other funds and support efforts to improve access to and coordination of out-of-school-time care. Because OSSE's DEL and K-12 are part of the same agency, which is under the oversight of the DME, these collaboration processes take place through existing agency collaboration



processes (such as Leadership Team meetings, check-ins between OSSE leadership and DME and OSSE's agency wide priority planning process), with follow-up by designated staff as needed. Coordination around OST is a topic in OSSE's "Start of School Stock Take" cross-agency process used to coordinate work across various OSSE divisions, LEAs, and with DME to support a smooth start to the school year for students. These processes enable OSSE and divisions that support OST work to identify strengths and areas for improvement in service delivery or coordination and take action to address them. In FY21, for example, OSSE's cross-agency priorities included a priority around coordinating efforts to support LEAs and CBOs in addressing the needs of children and families who needed access to care or in-person learning for school-aged children during COVID related school closures, and OSSE DEL coordinated a cross-agency working group (including representatives from OSSE DEL, OSSE DEL grantees, OSSE's K-12 Division, and LEAs) participating in ACF sponsored out of school time TA.

- iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe:

OSSE DEL works closely with the DC Health, which administers the District's evidence-based Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) program. OSSE DEL participates in the District of Columbia Home Visiting Council (HV Council), which works to strengthen the understanding, implementation, and sustainability of home visiting as a strategy to support positive child and family outcomes in the District of Columbia. The HV Council developed and approved a new 2021-23 strategic plan, including six key goals. These goals focus on, among other things, promoting well-trained and supported home visitors to increase the capacity of the workforce to deliver home visiting services, with appropriate adaptations to address the impact of COVID-19; deepening the HV Council and home visitors' pursuit of racial justice; and developing a District-wide coordinated intake system for home visiting. Additionally, Georgetown University (Georgetown) recently completed a MIECHV Needs Assessment on behalf of the HV Council, with key recommendations that the HV Council is pursuing. The HV Council meets bi-monthly. OSSE is also a member of the HV Council's c-intake (centralized/coordinated intake) subcommittee, which works to develop a referral and intake system for home visiting in order to improve access to appropriate home visiting services for families who might benefit from them. The c-intake subcommittee also meets bi-monthly.

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

OSSE works closely with DHCF on outreach, engagement and professional development regarding Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. OSSE and DHCF have a shared commitment to provide early,

comprehensive, regular and as needed medical, behavioral, and dental screenings for all eligible children. Through ongoing meetings and collaborations, OSSE and DHCF align policies so that all CCDF eligible children receive developmental screenings (within an appropriate timeframe) and child development centers use these screenings to assess a child's health status, identify risks or concerns, and intervene when necessary. The DHCF Associate Director for Children's Health Services and OSSE's Assistant Superintendent for Health and Wellness co-chair the SECDCC Health and Well-being committee, which brings together representatives from managed care organizations, OSSE DEL, other District government agencies, early intervention, IDEA Part B, health care providers and early childhood programs to coordinate around outreach, community engagement and coordination to ensure children access EPSDT benefits.

vi. State/territory agency responsible for child welfare. Describe:

OSSE works closely with the CFSA on a number of early childhood initiatives including trainings on child abuse awareness and prevention trainings for child development staff. OSSE also partners with CFSA to conduct child protection register checks for current and prospective child development staff. Senior leadership members participate on the interagency steering committee for OSSE's EHS-CCP, the QIN. Through the QIN, OSSE and CFSA coordinate referrals for subsidized child care for children under the care and supervision of CFSA and facilitate processes for linking these children to early intervention services.

For children removed from their homes between the ages 0-4 years, CFSA can provide temporary emergency in-home child care services. During this time, CFSA partners with resource parents to review child care needs and provide support in locating a facility to meet the family's needs. Financial support to resource parents is provided by securing an OSSE child care voucher or using CFSA's child subsidy program to help defray child care cost.

Additionally, CFSA nurses support developmental screenings for all children involved with CFSA from birth to age five. During the child protective services investigation, social workers and nurses refer infants and children to OSSE via the Health Services Administration. OSSE will contact the caregiver and schedule the screening. When children are separated from their families following an investigation, a developmental screening is conducted by a Nurse Practitioner in the Healthy Horizons Assessment Center within thirty days. In addition, developmental screenings are performed by community nurses that support in-home families.

vii. Provider groups or associations. Describe:

OSSE regularly collaborates with District organizations representing child care providers, including the DCHSA, DC Association for the Education of Young Children (DCAEYC), DC Family Child Care Association, Directors Exchange, Multicultural Spanish Speaking Providers Association and the Washington Association of Child Care Centers.

DCHSA and OSSE staff meet multiple times a month and co-host multiple events on an

ongoing basis. DCHSA is the voice of diverse Head Start programs (birth to five) that serves as a vehicle to educate and empower families, early learning professionals, business leaders, philanthropies, and elected officials to advocate for high-quality, continuous, and comprehensive early childhood development supports and services to ensure that all children are ready to succeed in school and in life.

OSSE meets at least twice a year with members of other provider association groups listed above, and convenes representatives of these associations on an as-needed basis throughout the year to solicit input and feedback on policy and practice questions.

viii. Parent groups or organizations. Describe:

In accordance with the Head Start Program Performance Standards (HSPPS), OSSE, as the grant administrator for the state's EHS-CCP grant, ensures that all parents enrolled in the QIN, the District's state EHS-CCP program, automatically become members of their center's parent committee, the forum in which parent information is exchanged and learning opportunities are supported. Parents interested in becoming more involved are encouraged to participate on the QIN policy council, with whom the State Superintendent works in a shared decision-making model. Through the policy council, parents develop their leadership skills. The policy council consists of parent representatives from each of the participating QIN centers and five members of the community. The chair, vice-chair and secretary positions that make up the executive members of the policy council are elected annually. The policy council meets monthly during which they inform decision-making on program operations, policies, recruitment, selection and enrollment priorities, applications for funding, budget planning, by-laws and employment of program staff.

OSSE DEL supports and attends the parent-led Interagency Coordinating Council (ICC). The ICC's purpose is to advise and assist the Mayor and OSSE in its role as the lead agency in the development and implementation of a District-wide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with developmental delays and disabilities. The ICC meets quarterly. In FY21, the ICC focused on the continued impact of COVID-19 on programming and service delivery, including the provision of virtual early intervention services and the switch back to the option of in-person early intervention services. The ICC will engage with OSSE staff and stakeholder groups to inform target setting for the District's state systemic improvement plan (SSIP) for FY2020-25.

Parents of children served in the District's mixed delivery system (MDS) for early childhood care and education are also represented on the SECDCC, described in 1.4.1.a.ii.

ix. Other. Describe:

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

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

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

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

[https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

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

No (If no, skip to question 1.5.2)

**Yes.** If yes, describe at a minimum:

a. How you define “combine” OSSE defines combining funds as layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, OSSE layers CCDF funding with local pre-K enhancement dollars to ensure that eligible children enrolled in pre-k programs receive a full day of care. The pre-K enhancement supplements, not supplants, the CCDF funds. The lead agency also uses CCDF funds to support child care subsidy reimbursements for the QIN and PKEEP providers. The Bainum Family Foundation provides funding to the QIN hub that supplements other funding sources for provision of professional development and other supports.

b. Which funds you will combine? CCDF funds and locally appropriated District funds and philanthropic funds

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1. Pre-K enhancement funds cover 6.5 hours of the day and CCDF funds are layered to ensure a full day of care. Using CCDF subsidy funds to pay for child care services at QIN Expansion sites links comprehensive services to children in the subsidized child care program. The comprehensive services promote overall health and social and emotional well-being, through screenings, oral and health exams and mental health supports. Philanthropic funds supplement local and federal funds to enhance professional development and other supports provided to QIN sites, staff, and families.

e. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level? OSSE combines multiple sets of funding by layering CCDF and locally appropriated pre-K enhancement funds to ensure a full day of care. CCDF funds are paid directly to QIN expansion providers to support daily child care activities.

f. How are the funds tracked and method of oversight Funds are tracked using the District's accounting system of record for CCDF and TANF funds, as well as OSSE Enterprise Grant Management System (EGMS) for funds allocated such as the pre-K enhancement funds.

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

*Note:* Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds. Use of PreK for Maintenance of Effort: The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public Prekindergarten funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

- a. N/A—The territory is not required to meet CCDF matching and MOE requirements.
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-

/territory-specific funds (tobacco tax, lottery), or any other public funds.

- i. If checked, identify the source of funds: **The FY21 locally appropriated child care subsidy budget is sufficient to meet (and in fact substantially exceeds) CCDF matching and MOE requirements. OSSE does not anticipate any reductions to the locally appropriated budget in future years.**
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
  - i. If checked, are those funds:
    - A. Donated directly to the state?
    - B. Donated to a separate entity(ies) designated to receive private donated funds?
  - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):
  - i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:
  - ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
- e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
  - i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).
  - ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
  - iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):
    - iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:
- f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.
  - i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based

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

- 1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post- pandemic.

The District of Columbia has a unique government structure and operates as a state, county, and a city, with the authority of each of these distinct types of government. OSSE, as DC's state education agency, Lead Agency for CCDF and as a part of the DC government, has many partnerships with other DC government agencies (as described in 1.4) and with private organizations to support early care and education providers to promote health and safety of children and staff, provide high-quality early learning and meet families' child care needs by sustaining and growing the early care and education sector. Specific public-private partnership activities include:

#### **Supporting Early Care and Education Providers and Quality Improvement Efforts**

- OSSE funds two grantees, CentroNia and Southeast Children's Fund, to provide scholarships and supports through their Child Development Associate (CDA) programs, which are offered in English, Spanish, and Amharic. The grantees also provide scholarship funding to cover the CDA application fee for those who obtain the required instructional hours outside of the grantees' programs, including via Quorum.
- OSSE received funding from the Trust for Learning, a philanthropic foundation, to support the Supporting Equitable Educator Development grant aimed at providing training for trainers and a curriculum to integrate anti-bias, anti-racist training into educator training curricula and materials.
- OSSE partners with the Bainum Family Foundation to improve outcomes for our state's most vulnerable children and their families. Our partnership focuses on improving the quality of child development facilities, authentically engaging families, enhancing the availability and use of data to inform policy and planning and increasing the supply of high-quality infant and toddler care in wards 7 and 8, the areas of the city with the largest number of low-income children. OSSE and Bainum have been in partnership since 2015. In addition to the above activities, through this partnership OSSE launched a shared services web-based platform that is free to all licensed child development providers, conducted a child care supply and demand study, expanded and evaluated the QIN, provided in-depth and targeted technical assistance and training for providers and OSSE's grantee partners. The OSSE and Bainum partnership also supports early childhood data analysis in OSSE's Division of Assessment and Research (DAR).
- Through the EHS-CCP grant, OSSE established the QIN, a public private partnership that leverages two neighborhood-based hubs (UPO and Easter Seals) to provide quality services

and support to a network of child development centers and homes. This model uses Early Head Start Program Performance Standards to increase the supply of high-quality infant and toddler care offered by private and non-profit child care facilities and homes in the District. To achieve the goal of enhancing young children's school readiness, the QIN sites provide comprehensive services to promote the overall health, development and well-being of infants and toddlers and their families. The hub partners also partner with corporate and philanthropic funders to secure additional resources to support the QIN centers.

#### **Partnerships in Response to the COVID-19 Pandemic**

- The District of Columbia is partnering two community development financial institutions (CDFIs), the Washington Area Community Investment Fund (Wacif) and Low-Income Investment Fund (LIIF), as sub-grantees to manage emergency relief grants to child care providers, using funds made available through the Coronavirus Aid, Relief, and Economic Security (CARES) Act; Coronavirus Response and Recovery Supplemental Appropriations (CRRSA) Act and the American Recovery Plan (ARP) (see question 4.1.8e). These partnerships build on successful past partnerships between the District and both CDFIs to support child care access and sustainability in the District, and will enable child care providers to access technical assistance, business training, and other resources and supports available through Wacif and LIIF. Through this and prior work, these CDFIs have built strong relationships with the Lead Agency, other grantees providing business supports to child care providers, one another and the broader child care community that will enable the Lead Agency to continue to partner with Wacif and LIIF to support child care providers following the public health emergency (i.e. by disseminating information to child care providers on business supports offered by Wacif's Enterprising Women of Color Center operated in partnership with the Minority Business Development Agency, and sharing information with LIIF to support LIIF's asset-building, emergency recovery and business capacity building activities with District child care providers funded through other philanthropic sources).

### 1.7 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

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

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



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

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

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

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

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

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated: DC CCC, the child care resource and referral agency for the District, serves the entire geographic area of the state. The community-based organization operating DC CCC works as part of a consortium with the grantee selected through a competitive grant process in which a panel of experts reviewed applications and selected the application that best fit the needs and context of DC. DC CCC has two walk-in service centers in easily accessible locations in the District and operates a hotline that parents can call for support in accessing child care, including during the public health emergency. Through their accessibility to the public, DC CCC works to connect local and national with organizations, DC public agencies, other grantees and the community with the services they need. Through their network, DC CCC offers one-on-one technical assistance to both providers and families. Additionally, DC CCC has strong working relationships with other District agencies, participates in various meetings and provides feedback on policies and practices based on their knowledge and experience of DC and the needs of the community.

DC CCC caters to families, providers and the public and partners with the DHS, DC

Health, DOES, District Ward Advisory Neighborhood Commissions (ANCs) and OSSE's Homeless Education State Coordinator. This information is provided to families, providers and the general public through community events, parent workshops, collaboration with other family support services and during in-person visits to the DC CCC service centers. The information is tailored to the audience based on their needs. As the CCR&R, DC CCC participates in the SECDCC and the Child Care Recovery Working Group.

## 1.8 Disaster Preparedness and Response Plan

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

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

No

Yes. If yes, describe the elements of the plan that were updated:

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

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

ii. State emergency management agency

iii. State licensing agency

iv. State health department or public health department

v. Local and state child care resource and referral agencies

vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body

b. The plan includes guidelines for the continuation of child care subsidies.

c. The plan includes guidelines for the continuation of child care services.

d. The plan includes procedures for the coordination of post-disaster recovery of child care services.

- e. The plan contains requirements for all CCDF providers (both licensed and license- exempt) to have in place:
  - i. Procedures for evacuation
  - ii. Procedures for relocation
  - iii. Procedures for shelter-in-place
  - iv. Procedures for communication and reunification with families
  - v. Procedures for continuity of operations
  - vi. Procedures for accommodations of infants and toddlers
  - vii. Procedures for accommodations of children with disabilities
  - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

[https://osse.dc.gov/sites/default/files/dc/sites/osse/service\\_content/attachments/FY18%20OSSE%20DEL%20CCDRP.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/service_content/attachments/FY18%20OSSE%20DEL%20CCDRP.pdf)

## 2 Promote Family Engagement Through Outreach and Consumer Education

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

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

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

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

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

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

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

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

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

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies

- h. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other. Describe: Staff able to support hearing impaired population. Staff certified in American Sign Language (ASL).

## 2.2 Parental Complaint Process

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

- 2.2.1 Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: OSSE maintains a complaint hotline (202) 727-2993 for parents to report issues with providers. Complaints can also be emailed to [OSSE.ChildcareComplaints@dc.gov](mailto:OSSE.ChildcareComplaints@dc.gov) or faxed to the Licensing and Compliance Unit (LCU) at (202) 727-7295. Information about how to submit a complaint is available on the OSSE website at: <https://osse.dc.gov/service/early-learning-complaints-and-unusual-incident-reporting>.
- 2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency’s process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers: Upon receiving a complaint regarding licensed providers, including CCDF and non CCDF providers, OSSE reviews the complaint to determine the level of severity of the complaint. A Level I complaint is defined as a health or safety violation which requires the assistance of law enforcement, Child Protective Services (CPS) or an immediate OSSE response. A Level II complaint is defined as a health or safety violation which may pose a serious health risk to children. A Level III complaint is defined as a violation which does not pose a serious or immediate health risk to children. OSSE responds to Level I complaints within 24 hours, Level II Complaints within two business days and Level III Complaints within three business days of the receipt of the complaint. Depending on the severity of the complaint, OSSE will initiate an investigation to monitor the facility and determine if the complaint is substantiated. A substantiated complaint is defined as a situation or incident that has been identified and verified as unsatisfactory or unacceptable based on the current child development facility regulations and/or provider agreements. If OSSE substantiates a complaint, OSSE will issue statement of deficiencies (SOD) or an enforcement action with a corrective action plan. The corrective action plans always include a monitoring component to ensure providers are taking action to comply with licensing regulations. The District uses the same process regarding screening, substantiating, and responding to complaints for CCDF and non-CCDF providers.

Upon receiving a complaint regarding an in-home and relative care provider (the District's CCDF license-exempt providers), OSSE will review the incident to determine the severity of the complaint. If the complaint rises to the level of child endangerment, the complaint will be reported to the Child and Family Services Agency for further investigation. If the complaint does not pose a risk to the health and safety of the child, but a substantiated concern is identified, OSSE will issue a deficiency to the provider and follow up within 30 days to ensure the issue is remediated. Information about substantiated complaints for license-exempt providers is not made available to the public, as these providers are relatives or provide care in the child's own home.

- 2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers: OSSE maintains a record of all complaints, including parental complaints (both substantiated and unsubstantiated) about licensed child development facilities, including facilities receiving CCDF funding and non-CCDF funded facilities. The District uses the same process regarding screening, substantiating, and responding to complaints for CCDF and non-CCDF providers. These complaints are stored in the licensing database system. Substantiated complaints are filed by date and made available to the public via the Freedom of Information Act request procedure and they are available on the MCCDC website. Substantiated complaints records are maintained for a period of three years. OSSE implements a similar process for license-exempt providers: All incoming complaints, including parental complaints (both substantiated and unsubstantiated) and recorded, assigned to the provider's electronic file and review by the Education Service Monitor (and supervisor as needed) for specific action/follow-up. Any substantiated complaints for license-exempt in-home and relative providers are stored in the OSSE DEL drive under the provider's profile and retained for at least three years.
- 2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3. OSSE maintains a record of all complaints, including parental complaints (both substantiated and unsubstantiated) about providers. These complaints are stored in the licensing database system. Substantiated complaints are filed by date and made available to the public via the Freedom of Information Act request procedure and they are available on the MCCDC website. OSSE does not automatically share/publish information about substantiated parental complaints for license-exempt providers, as these providers are relatives or provide care in the child's own home.
- 2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints: Per the OSSE Child Care Facility Regulations Section 5A-119 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR § 111.9) OSSE maintains and makes available to the public by electronic means, a list of all of the Facilities licensed that includes license number, facility name, license type, location, license issue and expiration dates, point of contact, contact information, and licensed capacity. OSSE maintains a complaint hotline (202)727-2993 for parents to report issues with providers. Complaints can also be emailed to [OSSE.ChildcareComplaints@dc.gov](mailto:OSSE.ChildcareComplaints@dc.gov) or faxed to the LCU at (202) 727-7295. See information available at: <https://osse.dc.gov/service/early-learning-complaints-and-unusual-incident-reporting>.

5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7- 2033. These providers are exempt from licensing regulations.

## 2.3 Consumer Education Website

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

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

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

- 2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

MCCDC is a consumer-friendly website that helps families find and compare child care options (<http://childcareconnections.osse.dc.gov/>). MCCDC allows families to search center-based and home-based licensed child development providers by distance from a particular address or zip code. Consumers can filter options by operating hours, type of facility, age range of children served and quality improvement ratings. The website also specifies which child development providers accept child care subsidies and participate in the Child and Adult Care Food Program (CACFP). The website includes a detailed, easy-to-read provider profile that provides inspection reports, capacity, licensing information, accreditation and substantiated complaints. MCCDC is easily accessible from the OSSE, DC Child Care Connections and the Thrive by Five websites and is accessible from mobile devices. To ensure that the My Child Care DC website is consumer-friendly and easily accessible, OSSE engaged focus groups of parents to test the design and navigation of the site prior to launching. Furthermore, OSSE conducted a full self-assessment of the MCCDC website, based on the *State and Territory Child Care Consumer Education Websites: Self-Assessment Checklist* from the Administration for Child and Families (ACF). OSSE continues to monitor the usability of the website and identify needed enhancements to ensure it remains consumer friendly and easily accessible.

- 2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

Effective Sept. 30, 2018, MCCDC became available in all languages outlined in Chapter 12 (Language Access Act) of Title 4 (Human Rights and Relations) of the District of Columbia Municipal Regulations (DCMR). Additionally, families that speak languages other than English can access the website by calling (202) 829-2500 to receive free interpreter assistance. (<http://childcareconnections.osse.dc.gov/MyChildCare/ContactUs>).

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

(OSSE partners with DC CCC (<http://dcchildcareconnections.org/>), the District's child care resource and referral agency that can assist parents and families, including persons with disabilities, with questions regarding child care in person, via email and telephone as appropriate. Additionally, the District of Columbia Office of the Chief Technology Officer establishes guidelines for all District of Columbia websites, including MCCDC, to ensure accessibility for individuals with disabilities. The CCDF consumer education website, MCCDC, follows all guidelines as required by the District's Chief Technology Office. These guidelines include:

1. A text equivalent for every non-text element shall be provided. (images)
2. Equivalent alternatives for any multimedia presentation shall be synchronized with the presentation. In other words, all videos, webinars, etc. must have subtitles or another way for deaf or hard-of-hearing individuals to access the content. (multimedia)
3. When electronic forms are designed to be completed on-line, the form shall allow people using assistive technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues. (electronic forms)
4. Row and column headers shall be identified for data tables. (tables)
5. Markup shall be used to associate data cells and header cells for data tables that have two or more logical levels of row or column headers. (tables)
6. Pages shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.
7. When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page must provide a link to a plug-in or applet that complies with §1194.21(a) through (l).

Accessibility Standards: Section 508 Compliance (page 30-33):

[https://octo.dc.gov/sites/default/files/dc/sites/octo/publication/attachments/Drupal%207\\_FI%20NA%20120314.pdf](https://octo.dc.gov/sites/default/files/dc/sites/octo/publication/attachments/Drupal%207_FI%20NA%20120314.pdf)

- 2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.



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

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2:

Link to process for licensure: <https://osse.dc.gov/page/licensing-process-child-care-providers>.

Link to the list of those exempted from licensing: <https://osse.dc.gov/service/licensing-and-compliance>

OSSE exempts certain types of providers from licensing requirements. The categories of exempted providers were established through the Title 5 Section 101 of the DCMR, which outlines the applicability of the licensing regulations. The regulations apply to a "child development facility," which is defined as "one that provides care and other services for children on a regular basis by identifying additional entities that do not meet the definition, including an informal or occasional parent-supervised play group." Exempted providers do not provide the level of service or activities that are governed through the licensing regulations (such as informal or occasional parent-supervised play groups) and are therefore exempted from the licensing requirements. Additionally, certain exempted providers must comply with other District of Columbia laws and regulations.

- b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<https://osse.dc.gov/node/1192316>

- c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<https://osse.dc.gov/node/1192307>

- d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

<https://osse.dc.gov/node/1192307>

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

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

a. Provide the website link to the list of child care providers searchable by ZIP code:

<http://childcareconnections.osse.dc.gov/>

b. In addition to the licensed providers that are required to be included in your searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers (please check all that apply)?

- i. License-exempt center-based CCDF providers **N/A**
- ii. License-exempt family child care (FCC) CCDF providers **N/A**
- iii. License-exempt non-CCDF providers **N/A**
- iv. Relative CCDF child care providers **N/A**

c. **Other. Describe: Only licensed providers are included in the searchable list** Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All Licensed Providers	License-Exempt CCDF Center-based Providers	License-Exempt CCDF Family Child Care Providers	License-Exempt Non-CCDF Providers	Relative CCDF Providers
Contact Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- i. **All Licensed providers. distance, language, accreditation, hours of operation, types of care, location, ZIP code**
- ii. License-exempt CCDF center-based providers. **N/A**
- iii. License-exempt CCDF family child care providers. **N/A**

- iv. License-exempt, non-CCDF providers. N/A
- v. Relative CCDF providers. N/A

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other. Describe:

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

- i. Licensed CCDF providers. Describe the quality information:  
All licensed CCDF providers, including child development homes, expanded child development homes and child development centers, are required to participate in the District’s quality rating and improvement system (QRIS), Capital Quality. The quality information displayed on MCCDC includes the facility’s Capital Quality designation (Preliminary, Developing, Progressing, Quality or High-Quality), mission statement, research-based curricula and assessments used, Environment Rating Scales (ERS) and/or Classroom Assessment Scoring System (CLASS®) scores and whether teachers (caregivers) have paid planning time outside of classroom hours. Although not part of the QRIS, OSSE includes accreditation status (if applicable) on the MCCDC facility profile based on provider and stakeholder feedback.
- ii. Licensed non-CCDF providers. Describe the quality information:  
Licensed non-CCDF providers that voluntarily participate in the District’s QRIS, Capital Quality, have the same quality information displayed as licensed CCDF providers (e.g., Capital Quality designation, mission statement, research-based curricula and assessments used, ERS and/or CLASS® scores) as well as accreditation status (if applicable). Licensed non-CCDF providers that do not participate in Capital Quality have accreditation status (if applicable) displayed as the only quality information available.
- iii. License-exempt center-based CCDF providers. Describe the quality information:
- iv. License-exempt FCC CCDF providers. Describe the quality information:
- v. License-exempt non-CCDF providers. Describe the quality information:
- vii. Relative child care providers. Describe the quality information:
- viii. Other. Describe:

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education

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

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

Certify by responding to the questions below:

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

i. Full monitoring reports that include areas of compliance and non-compliance.

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

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

Date of inspection

Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

The health and safety violations and substantiated complaints are included in the provider profile along with the monitoring and inspection reports. These are all available through our consumer-friendly website, MCCDC.

Corrective action plans taken by the state and/or child care provider. Describe:

The corrective actions taken by the child development facility are available and listed on the inspection and monitoring reports located at the bottom of each downloadable provider profile (from the MCCDC website). The information listed includes the deficiency type, deficiency date, deficiency code, status, corrective actions taken and date abated.

A minimum of three years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we

recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

Provide the direct URL/website link to where the reports are posted. This is a sample: <https://childcareconnections.osse.dc.gov/MychildCare/FacilityProfile?FacilityId=2193>

i. Describe how the Lead Agency defines timely posting of monitoring reports.

Reports are posted upon final completion of the monitoring and inspection, including the resolution of all appeals. The timeframe is approximately 30 days from the inspection completion date.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

OSSE's definition of plain language is language that is focused on the end user with words, references, and phrases that are commonly used. Documents are written in active voice, include short, easy to understand sentences, and are presented in a simple, straightforward and consistent manner.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

The monitoring and inspection reports include a plain language summary and are available on the MCCDC website. The monitoring and inspection process is described on the OSSE website: [https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/Monitoring%20and%20Inspection%20Process.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/Monitoring%20and%20Inspection%20Process.pdf). In posting monitoring and inspection results on the MCCDC website, OSSE considered literacy levels, languages, alternative communication abilities and mobile phone usability. Parents and the public may use the MCCDC website to contact the OSSE Communication Team at [OSSE.Communication@dc.gov](mailto:OSSE.Communication@dc.gov) to inquire about reports.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

The licensing program manager or director reviews each inspection report for accuracy, completeness, comprehensiveness and consistency. All inaccuracies identified are immediately flagged and corrected. The provider is notified of any inaccuracies identified and a corrected SOD is issued to the provider. The provider is given a detailed explanation of the inaccuracy and acknowledges receipt and agreement with the corrected SOD. The licensing database is corrected to reflect the changes on the corrected SOD.

For license exempt relative and in-home care providers, the Education Services program manager reviews each inspection report for accuracy, completeness, comprehensiveness and consistency. All inaccuracies identified are immediately flagged and corrected. The provider is notified of any inaccuracies identified and a corrected SOD is issued to the provider. The

provider is given a detailed explanation of the inaccuracy and acknowledges receipt and agreement with the corrected SOD. The provider database is corrected to reflect the changes on the corrected SOD.

- f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:
- filing the appeal
  - conducting the investigation
  - removal of any violations from the website determined on appeal to be unfounded.

Providers have the right to dispute the monitoring and inspection report in writing to the director of licensing and request a review of the inspection report. The request must be made within five days of the inspection completion date. If the provider disagrees with the non-compliance citation, they can refuse to sign the SOD and state their disagreement with the report or portions of the report on the provider acknowledgement form. They can also attach documentation to support their objection to and/or disagreement with the report. The program manager reviews the appeal and the documentation presented and forwards the appeal and all relevant inspection documents to the director of licensing for review. The director of licensing reviews the appeal and inspection documents, interviews the provider, licensing specialist and program manager as needed, consults with OSSE's Office of the General Counsel and makes a determination to allow or disallow the appeal. The decision is communicated in writing to the provider with 15 days of the appeal filing. If the provider is not satisfied with the determination of the director of licensing, they can further request a final review within five days of the appeal decision to the Assistant Superintendent for Early Learning, whose decision is considered final. If the provider's appeal is upheld, the applicable non-compliant citation(s) are removed from the licensing record by the licensing specialist, approved by the licensing program manager in the system and the system automatically removes the deficiency from the inspection report on the website.

- g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

The licensing monitor reviews and submits the monitoring reports to the licensing supervisor for approval. The licensing supervisor reviews and submits the reports to the director of licensing for approval. The director of licensing reviews and approves the report for website posting. The monitoring reports are posted for a minimum of three years and will be removed after that timeline.

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

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

view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

- a. Certify by providing:
- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

A Licensee shall immediately notify OSSE of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children by submitting a completed OSSE Unusual Incident Report (UIR) form to OSSE's Child Care Complaint email address OSSE.childcarecomplaints@dc.gov.

A Licensee shall also provide a copy of the completed Unusual Incident Report form provided to OSSE to the parent(s) or guardian(s) of each child affected by the unusual incident.

Unusual incidents may include, but are not limited to, the following:

- a) Death of a person occurring at the Facility;
- b) Injury to, or illness of, any child that occurs during the hours the child is enrolled in care and that requires hospitalization or emergency medical treatment;
- c) Damage to the Facility or to any Facility vehicle or equipment that interferes with the capability of the Facility to protect the health, safety and welfare of the children and adults at the Facility;
- d) Outbreak of or a single occurrence of a communicable disease at the Facility that is required to be reported to the District of Columbia Department of Health in accordance with Title 22 of the DCMR;
- e) Unauthorized departure of an enrolled child or any circumstances under which a child is deemed unaccounted for or missing;
- f) Any traffic accident involving a vehicle rented, owned, maintained, or the use of which was contracted for by the Facility and in which children are being transported at the time of the accident;
- g) Any adverse or negative action the Facility takes against an employee, volunteer, or household member related to any substantiated crime against a child; or
- h) Any other incident at the Facility that involves a response by emergency service personnel, such as police, fire, ambulance, or poison control. 81 128.4 In the case of a traffic accident or an incident involving perceived or actual criminal activity, the Licensee shall also file a report with the appropriate law enforcement authorities.

License-exempt providers shall immediately notify OSSE, via email to the assigned ESM, of any unusual incident that may adversely affect the health, safety or welfare of any child in the home by submitting a completed OSSE UIR. A copy of the completed incident report will be provided to the parent(s) or guardian(s) of each child affected by the unusual incident.

If the incident indicates that the health, welfare or safety of the child is at risk, the District's CFSA is contacted to initiate an investigation. If the incident indicates that there are environmental concerns present, an in-person visit is conducted by the assigned ESM to assess health and safety risk. If risk can be remediated without jeopardizing the safety of the child, a deficiency will be issued by the assigned ESM as part of a detailed report that outlines the concern and timeline for correction. If the issue described in the complaint poses an imminent risk to the health and safety of the child, services will be suspended until further notice. Services will resume once the identified concern has been completely remediated.

- ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement. The definition of "serious injury" used by the Lead Agency for this requirement.

The term "physical injury" means bodily harm greater than transient pain or minor temporary marks. The term "mental injury" means harm to a child's psychological or Intellectual functioning, which may be exhibited by severe anxiety, depression, withdrawal or outwardly aggressive behavior, or a combination of those behaviors and which may be demonstrated by a change in behavior, emotional response or cognition. The term "abused" when used with reference to a child means, "infliction of physical or mental injury upon a child." OSSE partners with the District's CFSA. CFSA is the lead agency on substantiating alleged child abuse and neglect. CFSA collects multiple types of evidence before making their determinations.

The term "serious injury" is any injury that requires medical attention.

- b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
  - X i.** the total number of serious injuries of children in care by provider category/licensing status
  - X ii.** the total number of deaths of children in care by provider category/licensing status
  - X. iii.** the total number of substantiated instances of child abuse in child care settings
  - X. iv.** the total number of children in care by provider category/licensing status
- c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

Aggregated information about child deaths and serious injuries are currently posted on the MCCDC website <http://childcareconnections.osse.dc.gov/MyChildCare/AggregateData/2611/0>. This information is provided by facility type, and includes substantiated instances of child abuse showing the annual (calendar year) aggregate number of these instances.

2.3.9 The consumer education website must include contact information on referrals to



local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

OSSE provides the contact information of DC Child Care Connections, the District's child care resource and referral agency, on our consumer-facing website MCCDC (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). Families may contact DC CCC through email, phone or in person (through multiple office locations as well as events open to the public at locations accessible to families, as public health conditions permit).

- 2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

Parents can contact OSSE staff and the DC CCC staff to better understand the information posted on the website. The contact information is posted in the MCCDC (<http://childcareconnections.osse.dc.gov/MyChildCare/ContactUs>). The consumer education website's "Contact Us" page (<https://childcareconnections.osse.dc.gov/MyChildCare/ContactUs>) includes contact information for the Lead Agency's licensing and compliance unit, including how to submit a complaint via phone or email, as well as an email address to contact the Lead Agency with general questions about child care and early learning programs. The Lead Agency's contact information, including the phone number through which members of the public may contact the Office of the State Superintendent of Education with general inquiries, appears at the bottom of the consumer website landing page.

- 2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

<http://childcareconnections.osse.dc.gov/>

## 2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

- 2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided

through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

Information is provided through the MCCDC website (<https://childcareconnections.osse.dc.gov/>), an online resource for parents and families to access meaningful information about child care in DC at their fingertips. Parents and families can search for licensed child care, browse and compare child care options and learn about helpful early learning resources. DC CCC, DC's child care resource and referral (CCR&R) agency, supports families in identifying programs and resources that best meet their needs and helps families navigate child care services, programs and supports available (including financial assistance) in the District. DC CCC supports this effort via email, telephone and in-person at their two centrally located service centers and online through their website at <http://dcchildcareconnections.org/>. Information can also be found on the Thrive by Five DC website (<https://thrivebyfive.dc.gov/>), another one-stop resource center to help District parents and child care providers navigate the city's wide range of early health and learning resources. Thrive by Five is a city-wide initiative acknowledging that learning begins at birth, every day counts and investments in early childhood education are essential. The Thrive by Five website provides information and resource links for families on health, development, early care and education, availability of child care, applying to the District's subsidized child care program and as well as information for providers.

In addition, family engagement specialists in the QIN connect parents with district agencies that offer family supports and services. The DHS Child Care Services Division provides information to families on subsidized child care services through scheduled appointments and walk-in sessions. Through the appointments, DHS staff shares information on eligibility requirements (e.g., assessment of need, income and family size), assists applicants in completing required forms and shares the consumer information statement. DHS staff also provide information on resource and referrals for traditional and non-traditional child care services. Finally, OSSE staff, such as licensing staff and education service monitors, provide information about available child care resources to providers and families.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program (TANF):

Information about TANF, including a high-level overview of TANF and link to the DHS website where more information can be found, is shared through DC CCC (<https://dcchildcareconnections.org/resources/partnerships/>), DC's CCR&R agency, and OSSE's consumer website, MCCDC (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). DC CCC and My Child Care DC provide information catered to parents, families and community

members in DC. These websites provide information about TANF is also disseminated by DC CCC via email, and promoted in calls received by the hotline and during walk-in services. TANF information is also shared during public events hosted by DC government agencies, schools and other community organizations.

b. Head Start and Early Head Start programs:

Information is shared through OSSE's consumer website, MCCDC, which includes a Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). This page provides a high-level overview of HS and EHS and includes a link that directs visitors to the U.S. Department of Health & Human Services's Head Start Early Childhood Learning & Knowledge Center webpage, where more information can be found. MCCDC caters to families, providers and the general public. DC CCC also provides support through their website, which links to MCCDC (<http://dcchildcareconnections.org/for-families/find-child-care/>), and via email, hotline and through walk-in services. As licensed child development facilities, HS and EHS facilities appear in MCCDC search results. Information about HS and EHS programming is also shared through public events hosted by DC government agencies, schools and other community organizations. DC CCC shares information with the DC Head Start Association (DCHSA) and the Early Head Start-Child Care Partnership grant, which funds the QIN. Information is tailored based on prior knowledge, best practice and current information gathered from the Regional Head Start Office, HS grantees and local partners providing services and opportunities for parent involvement and engagement in their child's education. In addition, OSSE's HS State Collaboration Director participates in various EHS and HS meetings (e.g., DCHSA, QIN) and serves as a liaison between HS programs and OSSE.

c. Low Income Home Energy Assistance Program (LIHEAP):

Information is shared through OSSE's consumer website, MCCDC, which provides support through the Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). This page provides a high-level overview of the Low Income Home Energy Assistance Program (LEAP) and includes a link that directs visitors to website of the District of Columbia Department of Energy & Environment, the agency that oversees LEAP in the District, where more information can be found. MCCDC caters to families, providers and the general public. Additionally, DC CCC and their public partner agencies refer families to information regarding energy assistance through the Department of Energy and Environment website. The information is disseminated through consumer education, community events, parent workshops, technical assistance, written material explaining how to access services and collaboration with the other community partners.

d. Supplemental Nutrition Assistance Program (SNAP):

Information is shared through DC CCC via email, hotline and through walk-in services. DC CCC caters to families, providers and the general public. DC CCC partners with the DHS and DOES to provide consumer education, community events, parent workshops and through collaboration with other family support services. Families obtain information from DC CCC service centers. The information is tailored based on prior and current knowledge and coordination with local partners. Information is shared through OSSE's consumer website, MCCDC, which provides support through the Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). This page provides a high-level overview of the Supplemental Nutrition Assistance Program (SNAP) and includes a link that directs visitors to the website of the DHS, the agency that oversees SNAP in the District, where more information can be found.

e.

Women, Infants, and Children Program (WIC) program:

Information is shared through OSSE's consumer website, MCCDC, which provides support through the Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>), and DC CCC, through their partners listed on their website (<https://dcchildcareconnections.org/resources/partnerships/>). These pages provide a high-level overview of the WIC program and include links that direct visitors to the DC Health website where more information can be found. DC CCC also shares WIC information via email, hotline and walk-in services. This information is also shared through public events hosted by DC government agencies, schools and other community organizations. MCCDC and DC CCC cater to families, providers and the general public. DC CCC and its partners refer families who are eligible for WIC to the DHS and DC Health. Information about the WIC program is shared through onsite consumer education, community events, parent and provider outreach, collaboration with other family support services, coaching and technical assistance.

f. Child and Adult Care Food Program (CACFP):

Information is shared through DC CCC, who provide support by connecting to their partners as well as via email, hotline and walk-in services. DC CCC caters to families, providers and the general public. DC CCC collaborates with OSSE's Health and Wellness Unit, the US Department of Agriculture and home and community-based providers to offer resources and referrals for technical assistance and support. Referrals are provided for technical assistance, professional development, consumer education via the OSSE website and additional support services. Information and support is tailored based on individual requests.

g. Medicaid and Children's Health Insurance Program (CHIP):

Information is shared through OSSE's consumer website, MCCDC, which provides support through the Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). This page

provides a high-level overview of the Medicaid and the Children’s Health Insurance Program (CHIP) and includes a link that directs visitors to the DHS website where more information can be found. DC CCCDC CCC also offers information about Medicaid and CHIP via email, hotline and walk-in services. This information is also shared through public events hosted by DC government agencies, schools and other community organizations. MCCDC and DC CCC cater to families, providers and the general public. DC CCC, in partnership with DC Health and the DHS, provides consumer education and tailors information based on families' needs.

h. Programs carried out under IDEA Part B, Section 619 and Part C:

Information is shared through the Parent and Family Resources Page on the MCCDC website (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>), which provides links to Strong Start, DC's early intervention program (<https://osse.dc.gov/service/strong-start-dc-early-intervention-program-dc-eip>). Information about and links to the webpages of Strong Start and DC Public School's (DCPS) Early Stages programs (<https://www.earlystagesdc.org/>), which works with families to identify and address developmental delays and disabilities for children ages 2 years 8 months to 5 years and 10 months in age, is available on the DCCCC website (<http://dcchildcareconnections.org/resources/our-partners/> and <http://dcchildcareconnections.org/for-families/children-with-special-needs/>) and is also shared via email, hotline and through walk-in services. As is visible through the website, DCCCC caters to families, providers and the general public. DCCCC and its partners collaborate to offer information and technical assistance to families and providers requesting services. Information about the Part C IDEA State Application (<https://osse.dc.gov/release/ffy-2018-draft-state-grant-application-under-part-c-idea-open-public-comment>) and Part B services (<https://osse.dc.gov/page/special-education-students-disabilities>) are also available on the OSSE website. This information is also shared through public events hosted by DC government agencies, schools and other community organizations. The information is shared through the OSSE website, professional development, community events and print materials. Partners include Early Stages, Strong Start, the DBH, DC Health and the DHS. Information and support is tailored based on individual request.

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

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

Information for families and providers on health, development, early care and education can be found on the Thrive by Five DC website (<https://thrivebyfive.dc.gov/>), a one-stop resource center to help District families and child care providers navigate the city's wide range of early health and learning resources. Thrive by Five is a city-wide initiative acknowledging that learning begins at birth, every day counts and investments in early childhood education are essential. DCCCC also shares research, information and links to local and national resources on child development with parents, providers and the general public through their website and in-person trainings.

Additionally, OSSE develops print and electronic information that is shared with parents and the general public at community events and online. Resources include information about physical health and development, health and wellness guidelines for providers and supports for families through the Healthy Tots Act ([https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/OSSE%20Wellness%20Guidelines%20for%20Child%20Development%20Centers.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/OSSE%20Wellness%20Guidelines%20for%20Child%20Development%20Centers.pdf)), which includes information on physical activity and healthy eating.

OSSE shares information with child care providers on research and best practices concerning children's development and successful parent and family engagement through ongoing in-person and online professional development through the Professional Development Information System (PDIS - <https://dcpdis.org/>) and Quorum (<https://www.quorumlearning.com/>) (<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Professional%20Development%20Course%20Offerings.pdf>); monthly communities of practice (COPs) and webinars for the child development providers participating in Capital Quality (<https://osse.dc.gov/node/1242691>); and Quality Improvement Network (QIN) meetings for providers and parents participating in the QIN. The trainings are tailored to meet the specific needs of the audience. For example, some CoPs are offered on weekends to accommodate the schedule of the home providers. Some trainings (e.g., CLASS® trainings) are offered at different levels (basic, intermediate and advanced) to meet the various levels of understanding of the audience. The professional development opportunities are offered by different partners including OSSE grantees and other District agencies. OSSE also hosts an annual early childhood education conference for professionals which includes focused workshops on social and emotional development, family engagement, physical health and development and early childhood development. The QIN also provides family engagement specialists who work with providers, parents and families to identify supports needed and connect families to services.

OSSE uses the EDI to collect and share information about children's development and school readiness outcomes at a neighborhood and city-wide level. EDI is an internationally recognized, holistic tool that assesses children's readiness in five domains: physical health and well-being, language and cognitive development, social competence, emotional maturity and communication skills and general knowledge. The EDI includes analysis on the Neighborhood Risk Index (NRI), composite measurement of ten indicators of neighborhood level risk which can be associated with higher levels of developmental vulnerability in children. Combined, the

EDI and the NRI, enable OSSE and community, education, and DC government partners to analyze patterns of risk across neighborhoods and identify areas where children, families, and communities may need additional resources and supports. OSSE partners with CBOs, local education agencies and the University of California, Los Angeles Center for Healthier Children, Families, and Communities to administer and conduct data analysis for the EDI initiative.

Each DC public school, public charter school and CBO that participates in the EDI data collection receives a “school report” presenting results on levels of vulnerability on children. This tailored information supports school and CBO leaders in: (1) understanding the physical and social-emotional health of the site’s pre-Kindergarten student population; (2) examining current services and supports that are available for students; and (3) identifying gaps in supports and services. Schools and CBOs share this information in a variety of forms. OSSE uses a variety of forms to disseminate EDI information:

- The SECDCC reviews the EDI through a powerpoint presentation and the EDI maps. The maps presents EDI across various geographic areas (including wards and neighborhood clusters)
- Leaders in other DC government agencies review EDI data from the District’s data collection and reports/updates on EDI implementation in other jurisdictions and countries.
- OSSE creates one page overviews of the EDI to share with parent leaders and work with these leaders to develop EDI packets that are then shared in the parent’s local child development facility, community group or other entities.

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

Information on the Lead Agency’s policies and expectations regarding social-emotional and behavioral issues and early childhood mental health of children is shared with families, providers and the general public in various ways. The DCMR 5-A, Chapter 1 licensing regulations indicate that child development staff serving infants, toddlers and preschoolers must complete annual professional development that: (1) incorporates the knowledge and application of the District’s early learning and developmental guidelines; (2) promotes the social, emotional, physical and cognitive development of children; and (3) improves the knowledge and skills of directors, teachers and caregivers in working with children and their families. Staff of out-of-school time programs must complete annual training and professional development that maintains and updates the health and safety standards, as well as additional professional development in topics appropriate to the age of children served, including youth development and guidance. Additionally, OSSE provides child development facilities and early

educators with training on social-emotional development, evidence-based behavior supports, and mental health through both in-person and online modalities, including trainings such as: *Building a Solid Foundation: Strategies for Promoting Social-Emotional Development in Young Children*; *Promoting Healthy Social-Emotional Development through Nurturing and Responsive Relationships*; *How to Administer the Ages and Stages Questionnaires: Third Edition (ASQ-3)*; and *How to Administer the Ages and Stages Questionnaires: Social Emotional (ASQ:SE)*. OSSE offers a variety of training and professional development supports tailored to providers working with children of different ages (e.g. infants and toddlers, preschool, birth to five, school aged) as noted in training descriptions. DC CCC partners with DBH and links families, providers and the general public to programs and services related to social-emotional and behavioral health. Through the DBH, families may also access mental health information and consultation services. The DBH provides child and family services, assessments of children for identification of services, family-centered mental health services, early intervention programs and emergency services. DBH's Healthy Futures program provides onsite training and technical assistance to early childhood educators and families of children ages birth to five in CBO infant, toddler and pre-k programs to support individual children's needs using an evidence-based early childhood mental health consultation model. Additionally, OSSE partners with organizations and advocacy groups, such as the Bainum Family Foundation, DC AEYC and others to widely distribute information about children's social-emotional development and mental health resources to early educators, child development facilities, and families by participating in fairs, open houses and information sessions for families. These activities are tailored to a variety of different audiences, including programming focused on educators working with children birth-eight, birth to five, and infants and toddlers. The PKEEP also partners with DBH and others to provide information on social-emotional and behavior development and mental health specific to program serving children ages 3- and 4.

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

(OSSE's Child Development Facility Regulations require that a licensee shall use positive methods of child guidance that meet the individual needs of each child and encourage self-control, self-direction, self-esteem and cooperation (5A DCMR § 141), and requires providers to maintain and provide to OSSE, upon request, for each enrolled children, a record of any suspensions or expulsions (5A DCMR § 130.7).

In addition, on May 6, 2015, the District of Columbia approved the Pre-K Student Discipline Amendment Act of 2015, published in <http://lims.dccouncil.us/Download/33194/B21-0001-SignedAct.pdf> for families, providers and the general public. The legislation prohibits the suspension or expulsion of a student of pre-Kindergarten age from any publicly funded pre-Kindergarten program, including those operated by local education agencies and community-based organizations, unless a school administrator determines that the student has willfully caused or attempted to cause bodily injury or threatened serious bodily injury to another person, excluding self-defense. Suspensions must not exceed longer than three days for any individual incident. The legislation establishes annual reporting requirements for each local education agency on suspensions and expulsions data for all grades.



OSSE collects discipline data through a Discipline Data Collection Template and uses this information to publish an annual report to the DC Council on all disciplinary incidents and actions that occurred in the prior school year. The annual report is widely distributed to OSSE's child development centers, homes, local education agencies and other stakeholders, and training and professional development is developed to support child development centers to comply with the requirements for preventing suspensions and expulsions. OSSE also published a Pre-K Discipline Practices Guide that describes the District requirements on and supports for the prevention of suspension and expulsions. Child development facilities can use the guide when working with families on issues related to preventing suspensions and expulsions. Additionally, DC CCC the District's child care resource and referral agency, includes the discipline guide as a resource for centers and families. The District also published a family resource document (available through the District's consumer education website) with information related to preventing suspensions and expulsions and promoting positive behavior management.

Providers participating in the QIN, serving infants and toddlers, and the PKEEP, serving 3- and 4-year-olds children, receive the support of mental health consultants through a partnership with the DBH Healthy Futures program. All providers participating in Capital Quality, DC's redesigned QRIS, which includes settings serving children birth through five, also receive the support of a quality facilitator who works one-on-one with center directors and child development home caregivers to provide support and connect them to needed resources. In Fall 2020, OSSE applied to and was awarded a grant, Supporting Equitable Educator Development (SEED) through the Trust for Learning, to ensure the District's early educator workforce has access to meaningful training and resources that aid in developing culturally responsive learning environments for young children and their families. Using a train-the-trainer approach, this project aims to ensure early educators in DC have the requisite skills, knowledge and appreciation of diversity to create culturally responsive ideal learning environments for all children and families in DC.

## 2.5 Procedures for Providing Information on Developmental Screenings

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

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

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

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

2.5.1 Certify by describing:

- a. How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers(98.15(b)(3)).

Strong Start, the District of Columbia's Early Intervention Program (DC EIP), is administered through OSSE and serves as the single point of entry for infants and toddlers whose families or others have concerns about their development. Strong Start provides services through program staff and approved contractors. Strong Start collaborates with child development facilities on an ongoing basis to provide training for child development facility staff on how to conduct, implement and utilize the Ages and Stages Questionnaire-3 (ASQ-3) and the Ages and Stages Questionnaire - Social Emotional (ASQ: SE-2) developmental screenings with the children they care for. After each child development center training, center directors, teachers and home providers are asked if they would like to schedule an official screening event for their facility in the future where Child Find staff will assist in conducting developmental screenings. Child Find staff also participate in the ongoing expansion the ASQ Online Developmental Screening Database, supporting 16 pilot child development facilities within the QIN to use ASQ. Strong Start has made developmental screening information and trainings available at both CCR&R locations, as well as in the PDIS for child development facilities. Strong Start provides bi-monthly developmental screening/early intervention referral training on the PDIS platform accessible by all licensed child development facilities in the district. In addition, Strong Start offers a developmental screening parent workshop that has been used with parent networking groups, family success centers, DC Public Library staff development groups, and other community-based organizations. At all outreach events, Strong Start provides a sign-in sheet that is used to follow up and reach out to families who are interested in developmental screening information. Strong Start has an informal developmental screening request process established with the CFSA, where the Child Find staff receive direct requests for screenings from the Child Protective Services unit within CFSA. Children ages 2 years and eight months to 5 years and 10 months who are not enrolled in a DCPS or public charter school receive screening and evaluations through Early Stages, operated by the DCPS. Information on how to submit a referral for a 3- to 5-year-old child not currently enrolled in school is available at <http://www.earlystagesdc.org/>. Once a referral is received, an Ages and Stages Questionnaire (ASQ-3) will be completed and, if necessary, the family will be scheduled for an appointment to bring the child in for an evaluation and eligibility determination. If the child is found eligible for services, an Individualized Education Program (IEP) is developed and the child receives an appropriate placement in a DCPS. For children enrolled in DCPS or public charter schools, a referral is made to the special education coordinator, who arranges for the child to receive an evaluation and eligibility determination.

- b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619

and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). The DC Department of Health Care Finance (DC DHCF) is the state agency responsible for the administration of the Medicaid program. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit constitutes the child health component of the Medicaid program. The benefit includes all necessary health care services covered under federal Medicaid law to identify and then correct or ameliorate any defects or chronic conditions found in beneficiaries under the age of 21. Families are provided information regarding developmental screenings at various intake sites across the District and on the district websites. Strong Start, DC EIP (children under 2 years, 10.5 months) follows the following procedures: Step 1: Referral - Parent or other referral source suspects child may have developmental delay or disability; The Strong Start program contacts parent, provides information and assigns a service coordinator (SC); the SC provides information about Strong Start, informs the family of their rights and refers family to an evaluation site; and parental consent is obtained to share the referral with an approved evaluation site and managed care organization (MCO), if applicable. Step 2: Determine eligibility - Determine eligibility using the Battelle Developmental Inventory, Second Edition (BDI-2); Eligibility: 25 percent delay in at least one developmental area or a diagnosed condition; and conduct optional family assessment plan and gather information for Individualized Family Services Plan (IFSP). Step 3: Planning Meeting - If the child is eligible, family identifies desired outcomes, IFSP team specifies early intervention services and develops written plan; · If child is ineligible: Family receives a thorough explanation of the evaluation results and reasons for ineligibility and provide family with strategies and access to other therapy through their insurer or other community resources. Step 4: Implement Services - the IFSP will identify the services that best support families to be able to help their child participate in everyday routines. Services might include assistive technology devices and services, audiology, vision services, family training, counseling, home visits and parent support groups, medical services only for diagnostic or evaluation purpose, nursing services, health services, occupational therapy, physical therapy, psychological services, service coordination, social work services, specialized instruction, speech-language pathology, transportation and related costs. Children ages 2 years and eight months to 5 years and 10 months receive screening and evaluations through Early Stages, operated by the DCPS. Information on how to submit a referral for a 3- to 5-year-old child not currently enrolled in school is available at <http://www.earlystagesdc.org/>. Once a referral is received, an Ages and Stages Questionnaire (ASQ-3) will be completed and, if necessary, the family will be scheduled for an appointment to bring the child in for an evaluation and eligibility determination. If the child is found eligible for services, an IEP is developed and the child receives an appropriate placement in a DCPS. For children enrolled in a DCPS or public charter school, a referral is made to the special education coordinator, who arranges for the child to receive an evaluation and eligibility determination. Children with developmental delays prior to age three who are determined eligible for preschool special education and who have a current IFSP may choose the Extended IFSP option and continue to receive Part C services until the first day of school following the child's fourth birthday. In addition to the information provided at the specific sites above, a brochure describing Part C and Part B services is available on OSSE's website:

<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Comprehensive%20Child%20Find%20Brochure.pdf>.

c. How the Lead Agency gives information on developmental screenings to parents

receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

Families are provided information on developmental screenings at various sites across the District during the intake process. DHS eligibility staff and Level II providers provide the consumer education statement that includes information on Strong Start, DC EIP. The statement also includes information on promoting positive behavior to foster children's social and emotional growth.

- d. How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Anyone, including parents, guardians, family members, friends, physicians and child care staff can call the DC EIP Child Find Hotline at (202) 727-3665 for information about eligibility and how to make a referral. Once a referral is made, the family is contacted by a service coordinator who arranges for an evaluation and assessment of the child and family to determine eligibility for early intervention services.

Additionally, families receive resources and services for children at risk for cognitive or other development delays through the DCPS Early Stages program. Early Stages also provides the following related services free of charge (1) training in how to conduct developmental screening and how to establish a developmental screening program for any child development center interested in making screening a routine part of their program and (2) parent workshops presented in partnership with child development centers to raise parent awareness of the importance of early intervention and other child development topics.

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

Strong Start, DC EIP, is an OSSE approved training entity that provides professional learning units for early childhood educators in DC on a variety of topics related to early intervention (EI), developmental screenings and EI referrals. In addition, Strong Start has developed and offered a variety of trainings/workshops to increase public awareness of specific topics related to developmental screenings, the early intervention referral process and other inclusion-based early intervention topics. Monthly and Bi-Monthly trainings are offered and documented in collaboration with DC CCC, the District's child care resource and referral agency, in order to increase child development facilities' and community-based organizations' professional development, build public awareness and enhance communication between providers and families about developmental concerns. Strong Start Child Find staff continue to assist in providing ongoing expansion training to child development facilities participating in the ASQ Online Developmental Screening Database initiative. Child Find staff support child development facilities participating in the QIN and the QIN hub staff to implement developmental screenings by providing ASQ-3 Overview, ASQ:SE-2 Overview and ASQ Online Implementation training.

Strong Start adapted the DCPL playgroup structure in collaboration with DCPL, to redirect focus on providing PD information to library staff about developmental screening and early intervention. Strong Start has also increased collaboration with community partners to include activities such as professional development, collaboration workgroups, joint parent workshops, program outreach partnerships, screening events and program resources with the following community-based organizations: CFSA, DCPL, DBH, DHS, DC Health, Help Me Grow, Early Stages, DCPS, DC CCC, Parent Groups (MOM's Club NW, etc.), Children's National Hospital (Other medical clinics), QIN Hubs, Homeless Children's Playtime Project, Various Charter/Private schools, State Board of Education, Advocates for Justice, Total Family Care Coalition, HealthySteps Program (Unity Health Care), DC Autism Parents, Healthy Futures and the East River Family Strengthening Collaborative.

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

Federal Regulation: Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq Section 5A-143 of the DCMR Title 5, Chapter 5A (5 5A DCMR §143) <http://dcrules.elaws.us/dcmr/5-a143>

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

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

### 2.6.1 Certify by describing:

- a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected. Families receive the consumer education statement when they receive their admission form for child care services. The consumer statement describes MCCDC, where families can access profiles on licensed child development facilities (center-based and home-based).
- b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline

- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

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

[https://childcareconnections.osse.dc.gov/Publications/DC\\_CCDFCAPConsumerEdStatement\\_\(August2019\).pdf](https://childcareconnections.osse.dc.gov/Publications/DC_CCDFCAPConsumerEdStatement_(August2019).pdf)

### 3 Provide Stable Child Care Financial Assistance to Families

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

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

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

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

#### 3.1 Eligible Children and Families

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

##### 3.1.1 Eligibility criteria: Age of children served

- a. The CCDF program serves children from 6 weeks (weeks/months/years) through 12 years years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

- No
  - Yes, and the upper age is 18. (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical and/or mental incapacity: This group of applicants includes children under 19 years old if the child has special needs, which is defined as conditions or characteristics of a child under the age of 19 that reflect a need for particular care, services or treatment, most commonly physical and/or mental disabilities and/or delays and is evidence by IFSP or IEP.
- c. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision ((658P(3); 658E(c)(3)(B))?)
- No
  - Yes, and the upper age is. (may not equal or exceed age 19).
- d. How does the Lead Agency define the following eligibility terms?
- i. “residing with”: In absence of evidence to the contrary, residence of a child shall be presumed to be the residency of the child's parent(s) or guardian(s). The residence of a parent(s) or guardian(s) is where the person(s) has established a physical presence, the actual occupation and inhabitation of a place of abode with the intent to dwell for a continuous period of time.
  - ii. “in loco parentis”: Adult(s) that has assumed the responsibility for the day-to-day care and supervision of the child under age 18

### 3.1.2 Eligibility criteria: Reason for care

- a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?
- i. Define what is accepted as “Working” (including activities and any hour requirements): This group of applicants includes parent(s) and guardian(s) that are employed for a minimum of 20 hours per week. In a two parent(s) or guardian(s) household, both parent(s) or guardian(s) must work or participate in valid qualifying activity for a minimum for 20 hours per week.
  - ii. Define what is accepted as “Job training” (including activities and any hour requirements):  
Job training may include either preliminary training or acceptable job training. Preliminary Training is a basic training program shall provide before job skills training, to enable the person to be employable. These include English as a Second Language courses for foreign-born adults and GED classes for adults. Children eligible for subsidized child care pursuant to this subsection may not be provided for longer than one year in this case. Acceptable job training program shall: (1) Provide instruction in specific job skills (i.e. computer operator or medical technician training); (2) Provide a job placement service that offers reasonable assurance that the applicant will be employed following successful completion of the program; and (3) Be limited to no more than two years if training is a non-degree program.
  - iii. Define what is accepted as “Education” (including activities and any hour requirements):  
A student attending either: (1) A full-time undergraduate program with a minimum of 12 credit hours per semester or six credits hours for a summer session (continuing student only); or (2) A part-time undergraduate program with less than 12 credit hours per semester while also employed. Each credit hour equals one hour of work per

week.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework): **A student attending 20 hours per week.**

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

**Yes**

No. If no, describe the additional work requirements.

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No

**Yes.** If yes:

i. **Provide the Lead Agency's definition of "protective services": In addition to the other requirements set forth in 5-A DCMR§ 201, in order to be eligible for subsidized child care in DC, a child shall, at the time of eligibility determination or redetermination meet the requirements for one of the following categories of need: (1) Resides with parent(s) who are working or attending a job training or education program; (2) Resides with parent(s) who is seeking employment or engaging in job search; or (3) Receives, or need to receive, protective services or is considered a vulnerable child, as defined herein.**

**Protective Services is specifically defined as parent(s) or guardian(s) of children who are under the active supervision of CFSA Child Protective Services division or under the active supervision of the Family Division of the DC Superior Court due to abuse or neglect. The child may be living in the natural parent's home or with a third party. For the purposes of eligibility, the District also defines "vulnerable child" as (a) A child with special needs; (b) A child experiencing homelessness; (c) A child in foster care; (d) A child of an adult with disabilities; or (e) A child of recipients of vocational rehabilitation services.**

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.

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

No

**Yes**

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-



case basis (98.20 (a)(3)(ii)(A))?

- No
- Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

- No
- Yes

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

- No
- Yes

### 3.1.3 Eligibility criteria: Family Income Limits

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

a. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Income, for the purposes of determining income eligibility, is the combined gross countable income of all family members living in the same household who are included for purposes of determining family size, taking into account any allowable deductions or irregular fluctuations in earning, and ensuring that temporary increases in income, including temporary increases that result in monthly income exceeding 85 percent of the DC state median income (SMI), do not affect eligibility or parent share of cost. The exact amount of annual gross family income is compiled from all sources of income expected including:

(1) Countable income: the portion of the annual gross family income of the family that includes: (A) Gross salaries or wages of one or both parent(s) or guardian(s), including regularly received commissions, tips, and overtime (see discussion below); (B) Net income from self-employment (business expenses shall be deducted from gross receipts); (C) Other income of parent(s) or guardian(s) such as Social Security and Veterans Benefits; (D) Income of children receiving subsidized care such as child support or Social Security Income; (E) Unemployment Compensation; (F) Workers Compensation; (G) Alimony; and (H) The portion of an educational grant that is specifically designated for living expenses.

(2) Seasonal employment (for example income of an parent employed by a school system may be based on a 10-month calculation).

(3) Irregular fluctuations and overtime: Temporary increases in income shall not affect eligibility or family co-payments, including monthly income fluctuations that show temporary increases, which if considered in isolation, may incorrectly indicate that a family is above the threshold of 85 percent of SMI, when in actuality their annual income remains at or below the maximum income level allowable based on family size.

(4) Overtime. Overtime is countable as part of the applicant's income if it is worked on a regular basis. However, if the applicant declares that overtime is not regularly worked, the applicant is given the opportunity to provide proof through documentation.

(5) Exempt Income. The following income shall not be included in determining gross annual family income: (A) TANF benefits; (B) Supplemental Security Income (SSI); (C) Lump sum child support payments; (D) In-kind income - something of value other than cash, (i.e. food stamps, free medical care or free or subsidized rent); (E) Low Income Energy Assistance; (F) Gifts; (G) Loans and grants for scholarships that do not allow their use for living costs; (H) Income of others in the household who do not have financial responsibility for the child; (I) Tax Refunds; (J) Subsidized adoption and foster care payments; (K) Stipends (such as for work experience programs); (L) Lump sum inheritance or insurance payments; (M) Capital gains; and (N) Assets such as real estate, bank accounts savings, stocks and bonds.

- b. Provide the CCDF income eligibility limits in the table below **at the time of initial determination**. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	\$5,219	\$4,436	\$2,602	50%
2	\$6,825	\$5,801	\$3,522	52%
3	\$8,430	\$7,166	\$4,443	53%
4	\$10,036	\$8,531	\$5,364	53%
5	\$11,642	\$9,896	\$6,285	54%

- c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)). **N/A**

- d. SMI source and year. **LIHEAP SMI Estimates FY20**

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

- e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b. **N/A**
- f. What is the effective date for these eligibility limits reported in 3.1.3 b?  
**10/01/19**
- g. Provide the citation or link, if available, for the income eligibility limits.  
**D.C. Code § 4- 402 provides OSSE with authority to establish eligibility requirements for subsidized child care. The eligibility requirements are set forth in 5-A DCMR §§ 201 and 204. <https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=5-A2>**

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

- a. Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). **By signing the Application for Subsidized Child Care Services, an applicant specifically certifies that the family assets do not exceed \$1 million. In addition applicants initial by the following statement "I understand that I must fully and accurately report circumstances affecting my eligibility, relating to family relationships, employment or training status, income, place of residence, and telephone numbers, and must provide original documentation to substantiate the information. I must report any changes in these circumstances within 10 calendar days. I must cooperate with all agency efforts to verify the eligibility information."**

**Applicants are informed that it is a criminal offense under DC law to knowingly make false or misleading statements on this application and by signing the application, the applicant also specifically certifies they are aware of the penalties (Persons convicted of making false or misleading statements shall be fined up to \$1,000 or imprisoned for up to 180 days or both) for making false or misleading statements on this application.**

- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No

- Yes.** If yes, describe the policy or procedure and provide citation:

**The District of Columbia Mayor's Order 2009-3, dated January 15, 2009 *nunc pro tunc* to Aug. 16, 2009, designates The Office of the State Superintendent of Education (OSSE) as the lead agency for CCDF and delegated the authority of the Mayor to**

administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. Section 200.6(b)(3) of OSSE's Eligibility Determinations for Subsidized Child Care Policy Manual (Subsidy Manual) provides that Children eligible for subsidized child care because they are receiving or in need of, protective services, are waived of the following eligibility requirements: (1) Participate in a qualifying activity (e.g., training or employment); (2) Income threshold requirements, including the asset limit.

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination. The District does not have any additional eligibility conditions or priority rules beyond those set forth in the federal regulations.

b. eligibility redetermination. The District does not have any additional eligibility conditions or priority rules beyond those set forth in the federal regulations.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods longer than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other. Describe: OSSE uses locally appropriated child care subsidy funds to support EHS child care partners who are part of the QIN. These child development facilities receive an increased daily reimbursement rate to provide continuous, comprehensive and intensive high quality care that meets Head Start Performance Standards. During the public health emergency, OSSE paused eligibility redetermination for families with children under age 13 and who have their 12-month eligibility expire during the public health emergency. These families will remain eligible for subsidized child care

throughout the public health emergency. Services for children who turn 13 will terminate at the next redetermination date following their 13th birthday.

3.1.7 Fluctuation in earnings.

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

- a. Average the family’s earnings over a period of time (e.g. 12 months).
- b. Request earning statements that are most representative of the family’s monthly income.
- c. Deduct temporary or irregular increases in wages from the family’s standard income level.

d. Other. Describe: Temporary increases in income shall not affect eligibility or family co-payments, including monthly income fluctuations that show temporary increases, which if considered in isolation, may incorrectly indicate that a family is above the threshold of 85 percent of SMI, when in actuality their annual income remains at or below the maximum income level allowable based on family size. In these situations, an eligibility staff may seek further documentation such as an earnings statement that is most representative of the family’s income rather than the most recent statement.

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

Required at Initial Determination	Required at Redetermination	Information and Description
X	X	a. Applicant identity. Describe: A valid government issued photo identification, which may include a DC driver's license or a passport, shall be presented during both eligibility determination and redetermination

X	X	<p>b. Applicant's relationship to the child. Describe: The adult requesting child care shall have a valid legal relationship to the child(ren) (such as parent, guardian, custodian, foster parent, or TANF Payee) and shall present proof of such during both eligibility determination and redetermination. Section 300.3(b)(2) of the District's Subsidy Manual sets forth acceptable documentation to establish an applicant's relationship, which includes: A full-sized, 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 within 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.</p>
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X

X

c. Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe:

Age: A child for whom care is sought is under 13 years old, or under 19 years old if a child has special needs and shall present proof of such during both eligibility determination and redetermination. Section 300.3(b)(2) of the District's Subsidy Manual sets forth acceptable documents for verification of a child's age includes one of the following: (1) A full-size original birth certificate. The birth certificate must include the name of the parent(s) or guardian(s) requesting services; (2) A birth certificate in a non-English language with a certified translation; or (3) Hospital record of birth, only for an infant under 6 months old signed by a licensed physician or licensed health care practitioner. The official birth certificate must be supplied within 30 days of the date of application.

These documents are also acceptable for verification of a child's identity.

Citizenship and immigration status: The District requires that only the citizenship and immigration status of the child is to be considered and proof of such shall be presented during both eligibility determination and redetermination. A child's eligibility for subsidized child care shall not be based upon the citizenship or immigration status of their parent or the provision of any information about the citizenship or immigration status of their parent. Acceptable documents for verification of a child's citizenship or legal status includes one of the following: (1) Birth certificate showing that the child was born in the United States or to parents holding U.S. citizenship; (2) Lawful Permanent Residency Document (formerly known as the "green card"); (3) Immigration and Naturalization Service (INS) documentation or other official identification verifying the child's citizenship or immigration status; (4) A visa such as the H-2 visa allowing presence in this country for the time period during which child care is to be provided; (5) Form I-94 to show entry as a refugee; (6) Form I-94 showing grant of asylum; (7) Order from an Immigration Judge showing deportation withheld; (8) Form I-94 showing admission under conditional entry; (9) An approved or pending petition of a battered spouse or child; or (10) A formal referral from one of the following sources: (A) TANF; or (B) Food Stamp Employment/Training Program.

<p>X</p>	<p>X</p>	<p>d. Work. Describe:</p> <p>An applicant seeking eligibility that is a working parent(s)/guardian(s) is gainfully employed or in a valid qualifying activity for a minimum of 20 hours per week and shall present proof of such during both eligibility determination and redetermination. Two parent/guardian households must have both parents/guardians working. Section 300.3(b)(5) of the District's Subsidy Manual sets forth acceptable documentation for the verification of employment includes: : (1) Two (2) most recent consecutive pay statements verifying employment including the name of the employee, social security number (or employee identification number or its equivalent), 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; (2) An original letter from the employer on business letterhead with company name identified. The supervisor or manager 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 one (1) more pay statements to complete the requirement for two (2) original pay statements. A letter is acceptable for documentation of leave pursuant to the District of Columbia Family Medical Leave Act of 1990, effective October 3, 1990 (D.C. Law 8-181; D.C. Official Code §§ 32-501 et seq.); or (3) Payment receipts for services rendered where the type of employment may not generate an earnings statement or pay stub, such as but not limited to restaurant server, cosmetologist, or an operator of a public vehicle- for-hire.</p>
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X	X	<p>e. Job training or educational program. Describe:</p> <p>An applicant seeking eligibility that is in job training or educational program shall present proof such during both eligibility determination and redetermination. Section 300.3(b)(5) of the District's Subsidy Manual sets forth acceptable documentation of participation in a training program. Acceptable documentation includes a letter from the training program identifying the student by name that confirms the applicant's current attendance and progress/status in the program (no more than 30 days old). Acceptable documentation for verification of participation in an undergraduate program includes one of the following: (1) A schedule of classes from the registrar identifying the student and indicating registration has been paid; (2) A student identification card with a valid semester sticker or symbol for the current semester; or (3) A receipt from the college stamped "paid" for the current semester. This group of applicants attends a training or undergraduate program for a minimum of 20 hours weekly.</p>
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<p>X</p>	<p>X</p>	<p>f. Family income. Describe:  Family income is the combined gross countable income of all family members living in the same household who are included for purposes of determining family size. Applicant shall present proof such during both eligibility determination and redetermination. Section 300.3(b)(5) of the District's Subsidy Manual sets forth acceptable documentation for income verification, which includes: (1) Two most recent consecutive pay statements verifying employment including the name of the employee, social security number (or employee identification number or its equivalent), 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; (2) An original letter from the employer on business letterhead with company name identified. The supervisor or manager 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 one more pay statements to complete the requirement for two original pay statements. A letter is acceptable for documentation of leave pursuant to the District of Columbia Family Medical Leave Act of 1990, effective October 3, 1990 (D.C. Law 8-181; D.C. Official Code §§ 32-501 et seq.); or (3) Payment receipts for services rendered where the type of employment may not generate an earnings statement or pay stub, such as but not limited to restaurant server, cosmetologist, or an operator of a public vehicle- for-hire.</p>
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X	X	<p>g. Household composition. Describe:</p> <p>The household composition is necessary to determine family size, the number of family members living in the same household, which is a necessary for income eligibility determination. Applicant shall present proof such during both eligibility determination and redetermination. Household composition or family size shall include (1) parent(s) requesting child care services including: (A) Biological parents; (B) Adoptive parents; (C) Stepparents, even if the stepparent has not legally adopted the children; or (D) Adult(s) standing in loco parentis; (2) All of the parent(s)' dependent children under age 18 or up to 21 years of age if still attending school and school attendance is verified, including: (A) Both an adult's natural children and other children for whom that adult is a guardian; or (B) Foster children. Household composition or family size shall not include: (A) Other children who live at the same address but are dependent on another adult; or (B) Any other adults, such as grandparent(s), aunts or uncle.</p> <p>Section 300.3(b)(5) of the District's Subsidy Manual sets forth acceptable documentation for family size verification.</p>
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<p>X</p>	<p>X</p>	<p>h. Applicant residence. Describe:</p> <p>A child shall be a resident of the District of Columbia and applicant shall present proof of such during both eligibility determination and redetermination. Section 300.3(b)(4) of the District's Subsidy Manual sets forth acceptable documentation for residency verification, which includes: Current official rent receipt on the company form or letterhead; Evidence of home ownership such as a mortgage payment statement; Lease, mortgage, or housing subsidy document; Original utility bill and E-bills ; A notarized letter with original seal (indentation) signed by the landlord, homeowner, or person with whom the applicant resides accompanied by two other pieces of mail; Referrals from an authorized DC agency or Documentation of TANF, Food Stamps or Medical benefits.</p> <p>Exceptions: The following children may reside outside of DC, however they shall be placed in a DC child development facility in order for a subsidy provider to be paid, with the exception of a relative care request, where the provider may reside in Maryland or Virginia: (1) A foster child may reside with a foster parent(s) or guardian(s) outside of the District of Columbia (in the metropolitan area) and still receive child care services; (2) A child under protection of the DC Child and Family Services Agency or the DC Superior Court, or living with a relative or guardian in Maryland, Virginia or another state; or (3) A child under the protection of DC, but placed in Maryland, Virginia or another state by the DC agency. This ward may receive subsidized child care in the District of Columbia up until the age of 19 years. Note: If the child(ren) of this applicant are not officially under protection, the family is not considered a Protective Services case for child care purposes. The applicant must qualify for child care based on another category, such as training or employment, and must be assessed for a copayment if employed.</p>
		<p>i. Other. Describe:</p>

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

- a. Time limit for making eligibility determinations. Describe length of time:  
An eligibility determination shall be provided within 30 calendar days from the date of the initial application.
- b. Track and monitor the eligibility determination process
- c. Other. Describe: The lead agency monitors a random selection of 25 percent of all eligibility records from DHS, Child Care Services Division. The lead agency also monitors Level II child care providers who conduct eligibility determination on behalf of the lead agency for their sites. A percentage of eligibility records to be reviewed is determined by the total number of families whose children are enrolled in subsidy for the site. The criteria are: 1 to 30 family case records - all records will be reviewed; 31 to 100 family case records - 50 percent (randomly selected) will be reviewed; and More than 100 family case records - 30 percent (randomly selected) will be reviewed.
- d. None

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

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

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

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

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

- a. Identify the TANF agency that established these criteria or definitions:  
DC Department of Human Services (DHS)
- b. Provide the following definitions established by the TANF agency:
  - i. "Appropriate child care": Child care must meet parents' 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.
  - ii. "Reasonable distance": Reasonable distance is defined as travel time it takes for a resident of the District of Columbia to drop off his/her child at a child care facility and arrive on time at work. This travel time should not exceed one and one-half hours 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.

iii. "Unsuitability of informal child care": Unsuitable Informal Child Care is care that is not licensed or is licensed - exempt under the Provider Agreement for Subsidized Child Care Services or does not meet the programmatic criteria as included in the executed Provider Agreement for Subsidized Child Care Services with OSSE. Informal Child Care is defined as care provided by a relative or in-home providers who are selected by the parents. Such providers must have an official provider agreement with the parent and a provider agreement for Subsidized Child Care Services with OSSE, along with current health certificates for themselves and the children in their care.

iv. "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 subsidy 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 the individual penalties associated with the TANF work requirements?

i. In writing

ii. Verbally

iii. Other. Describe:.

d. Provide the citation for the TANF policy or procedure: 29 DCMR § 5809 and ESA policy manual available here:

<https://dhs.dc.gov/sites/default/files/dc/sites/dhs/publication/attachments/ESA-Policy-Manual-Combined-Revised-2.pdf>

### 3.2 Family Contribution to Payments

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

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

Question

3.2.5 addresses co-payments during the graduated phase-out period.

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	\$13,739	21.20	2%	\$31,225	160.20	6%
2	\$18,601	21.20	1%	\$42,275	160.20	5%
3	\$23,463	21.20	1%	\$53,325	160.20	5%
4	\$28,325	21.20	1%	\$64,375	160.20	3%
5	\$33,187	21.20	1%	\$75,425	160.20	3%

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

- i.  N/A. Sliding fee scale is statewide
- ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above. N/A
- iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

c. What is the effective date of the sliding-fee scale(s)? October, 2019

d. Provide the link(s) to the sliding-fee scale:

<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/FY20%20Sliding%20Fee%20Scale%20effective%2010.1.19.pdf>

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

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

- ii. The fee is per child, and a discounted percentage is applied for two or more children.
- iii. The fee is per child up to a maximum per family.
- iv. No additional percentage is charged after a certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
- vii. Other. Describe:

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

No

Yes. If yes, check and describe those additional factors below.

- a. Number of hours the child is in care. Describe:.
- b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:
- c. Other. Describe:

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

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

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

- x. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.

Applicants exempt from co-payment include: TANF recipients in countable activities other than employment; TANF payees in countable activities; TANF parent(s) or guardian(s) with physical or mental, disabilities; Unemployed parent(s) or guardian(s) receiving vocational rehabilitation services; Children receiving Child Protective Services; Children in foster care; Children experiencing homelessness; Teen or young adult parent(s) in junior and senior high school. Additionally, a family with a gross annual family income greater than 100 percent but less than or equal to 250 percent of the FPL shall be required to pay the co-payment amount(s). In addition, adoptive parent(s) or guardian(s) (foster parent(s) who finalizes an adoption) are provided three months with no co-payment from the effective date of adoption before beginning co-payments if payment requirement has been established.

The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the



authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The copay requirements and exemptions are set forth in Section 400.1 of OSSE's Subsidy Manual and 5-A DCMR §§ 204.2 and 204.3

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation. In addition to the other requirements set forth in 5-A DCMR§ 201, in order to be eligible for subsidized child care in DC, a child shall, at the time of eligibility determination or redetermination meet the requirements for one of the following categories of need: (1) Resides with parent(s) who are working or attending a job training or education program; (2) Resides with parent(s) who is seeking employment or engaging in job search; or (3) Receives, or need to receive, protective services or is considered a vulnerable child, as defined herein.

Protective Services is specifically defined as parent(s) or guardian(s) of children who are under the active supervision of CFSA Child Protective Services division or under the active supervision of the Family Division of the DC Superior Court due to abuse or neglect. The child may be living in the natural parent's home or with a third party. Children eligible for subsidized child care pursuant to this subsection are waived of the following eligibility requirements: (1) Participate in a qualifying activity (e.g. training or employment); (2) Income threshold requirements in Section 200.7. The eligibility staff shall not calculate income to determine eligibility or co-payment. Section 200.6 Eligibility Requirement (3) Children under Protective Services.

The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code§ 4-401 et seq.

Section 200.6 (Eligibility Requirement b)(3) Children under Protective Services of OSSE's Subsidy Manual.

- c. Families meeting other criteria established by the Lead Agency. Describe the policy.

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by

allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

- (i) 85 percent of SMI for a family of the same size.
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead

Agency's initial eligibility threshold that:

(A) Takes into account the typical household budget of a low-income family.

(B) Provides justification that the second eligibility threshold is:

(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.

(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

- a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

**The Lead Agency sets the second tier of eligibility at 85 percent of SMI.**

A. Describe the policies and procedures. New applicants are eligible for subsidized child care if such applicant(s) can document an annual gross family income up to 250 percent of the Federal Poverty Level (FPL) or 85 percent of the current SMI, whichever is lower.

-During redetermination, families who are classified as being over the income threshold at the end of the 12-month eligibility period are to be considered eligible up to 85 percent of the current SMI.

-During the 12 month eligibility period, families designated as eligible for subsidized child care and receiving such services whose income exceeds 85

percent of the current SMI shall continue to receive subsidized care for no more than three months. At the end of the three month period of continued assistance, if the gross annual family income is below 85 percent of the most current SMI, assistance cannot be terminated and the child shall continue receiving assistance until the next scheduled redetermination.

B. Provide the citation for this policy or procedure. The District of Columbia [Mayor's Order 2009-3](#), dated Jan. 15, 2009 *nunc pro tunc* to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 *et seq.* The graduated phase out requirements are set forth in Section 500.4 of [OSSE's Subsidy Manual](#) and 5-A DCMR §§ 201.7 and 201.9.

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:
2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:
4. Provide the citation for this policy or procedure related to the second eligibility threshold:

b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

**Yes**

i. **If yes**, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase out. **If graduated phase out occurs at redetermination, then the family co-pay amount will increase based on income and family size. However, co-pays do not increase within a 12-month eligibility period.**

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)

**No**

Yes. Describe:

### 3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with

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

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

3.3.1 Describe how the Lead Agency defines:

- a. “Children with special needs”: Children with disabilities have special needs that are defined as conditions or characteristics of a child under the age of 19 that reflect a need for particular care, services or treatment, most commonly physical and/or mental disabilities and/or delays and is evidenced by Individual Family Service Plan (IFSP) or Individualized Education Program (IEP).
- b. “Families with very low incomes”: A family with a very low income is defined as is defined as having income at or below 100 percent of the Federal Poverty Guidelines (FPG).

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

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

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

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

- b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted. The lead agency does not currently have a waiting list. Should the need arise for a waiting list, the lead agency will give priority to these special populations: (1) Children of families with very low family income; (2) Children with special needs, including vulnerable children; and (3) Children experiencing homelessness.

3.3.3 List and define any other priority groups established by the Lead Agency.  
(OSSE does not prioritize or target child care services for any other priority groups.)

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in

3.3.3. OSSE does not prioritize or target child care services for any other priority groups.

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

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. Upon initial eligibility determination, children eligible for subsidized child care categorically due to experiencing homelessness shall be permitted to enroll in the subsidized child care placement prior to completion of all required documentation and are provided a 60 calendar day grace period in which to provide full documentation of eligibility. The Child Care Referral Form serves as acceptable documentation until the records can be provided and the child shall receive, and the provider shall be paid for, subsidized child care during the grace period. If, after full documentation is provided, the child experiencing homelessness is found to be ineligible, subsidized child care services shall be terminated.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing Homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care

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

3.3.6 Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other

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

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

a. Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by the CCDF Final Rule).

A Licensee shall provide a 60-day grace period from the first day of service to submit documentation required for a child experiencing homelessness or a child who is a ward of the District in foster care. This policy was established by the lead agency without input of the D.C. Department of Health.

Provide the citation for this policy and procedure. DC Code § 7-2036 provides that OSSE enforce and establish minimum standards of operation for a child development facility, which includes grace periods for homeless children and children in foster care to comply with immunization and other health and safety requirements, as set forth in 5-A DCMR § 152.2.

ii. Children who are in foster care. A Licensee shall provide a 60-day grace period from the first day of service to submit documentation required for a child experiencing homelessness or a child who is a ward of the District in foster care.

iii. Provide the citation for this policy and procedure. DC Code § 7-2036 provides that OSSE enforce and establish minimum standards of operation for a child development facility, which includes grace periods for homeless children and children in foster care to comply with immunization and other health and safety requirements, as set forth in 5-A DCMR § 152.2.

b. Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)). DHS provides the family a follow up request that lets them know they have 60 days to get a complete Health Certificate. The form also includes contact information for the person at DHS who can assist them with getting the form completed. DHS also includes information on the admission form letting the provider know that this family has a 60-day grace period to comply with the Health Certificate requirements.

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

No

Yes. Describe:

### 3.4 Continuity for Working Families

#### 3.4.1 Minimum 12-month eligibility.

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

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

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

1. any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness
  2. any interruption in work for a seasonal worker who is not working
  3. any student holiday or break for a parent participating in a training or educational program
  4. any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program
  5. any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
  6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)
  7. any changes in residency within the state, territory, or tribal service area
- a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures. Once a child is determined as eligible for receiving child care subsidy assistance, the family or individual will be considered to meet all eligibility requirements for such assistance and will receive assistance for not less than 12 months before re-determining eligibility. A child shall remain eligible for the District of Columbia's child care subsidy program throughout the 12-month eligibility period regardless of:
- b. A change in gross annual family income, if the gross annual family income does not exceed 85 percent of the SMI for a family of the same size;
  - c. A temporary change in the child's parent(s)' or guardian(s)' ongoing status (for example child care may be continued during a parent(s)' or guardian(s)' period of parental leave, for not less than 12 months from the last date the applicant was determined as eligible for receiving child care subsidy assistance);
  - d. A change in the child's age, including turning 13 during the eligibility period; or
  - e. Any change in residency within the District of Columbia.

Section 500.1 in OSSE's Subsidy Manual provides examples of the impact of temporary and

non-temporary changes on a child's eligibility and also reviews other potential eligibility scenarios. Furthermore, eligibility staff monitor any change in parent(s) or guardian(s) status throughout the period of eligibility to ensure the co-payment is correct at all times. Co-payments may not be increased during a 12-month eligibility period as long as the income does not exceed 85 percent of the state median income, temporary changes in work, training or education activities.

- f. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

Minimum Required Element	Citation
<p><input type="checkbox"/> i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency's policy: Child remains eligible through the end of the twelve (12) month eligibility period.</p>	<p>The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The minimum 12-month eligibility and redetermination requirements are set forth in Section 500.1 of OSSE's Subsidy Manual and 5-A DCMR §§ 201.3 through 201.5.</p>



<p><input type="checkbox"/> ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency’s policy: Child remains eligible through the end of the 12-month eligibility period.</p>	<p>The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The minimum 12-month eligibility and redetermination requirements are set forth in Section 500.1 of OSSE's Subsidy Manual and 5-A DCMR §§ 201.3 through 201.5.</p>
<p><input type="checkbox"/> iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency’s policy: Child remains eligible through the end of the 12-month eligibility period.</p>	<p>The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The minimum 12-month eligibility and redetermination requirements are set forth in Section 500.1 of OSSE's Subsidy Manual and 5-A DCMR §§ 201.3 through 201.5.</p>

<p><input type="checkbox"/> iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: <b>Child remains eligible through the end of the 12-month eligibility period.</b></p>	<p>The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The minimum 12-month eligibility and redetermination requirements are set forth in Section 500.1 of OSSE's Subsidy Manual and 5-A DCMR §§ 201.3 through 201.5.</p>
<p><input type="checkbox"/> v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency's policy: <b>Child remains eligible through the end of the 12-month eligibility period.</b></p>	<p>The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The minimum 12-month eligibility and redetermination requirements are set forth in Section 500.1 of OSSE's Subsidy Manual and 5-A DCMR §§ 201.3 through 201.5.</p>

<p><input type="checkbox"/> vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy: Child remains eligible through the end of the 12-month eligibility period.</p>	<p>The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The minimum 12-month eligibility and redetermination requirements are set forth in Section 500.1 of OSSE's Subsidy Manual and 5-A DCMR §§ 201.3 through 201.5.</p>
<p><input type="checkbox"/> vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy: Child remains eligible through the end of the 12-month eligibility period.</p>	<p>The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The minimum 12-month eligibility and redetermination requirements are set forth in Section 500.1 of OSSE's Subsidy Manual and 5-A DCMR §§ 201.3 through 201.5.</p>

- 3.4.2 Provide any other elements included in the state’s definition of “temporary change”, including those implemented during the pandemic, and provide the citation.. Continuing assistance for “job search” and a Lead Agency’s option to discontinue assistance during the minimum 12-month eligibility period.

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

If the Lead Agency chooses the option to discontinue assistance due to a parent’s non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

- a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

No

**Yes.** If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

In addition to the other requirements set forth in 5-A DCMR§ 201, in order to be eligible for subsidized child care in DC, a child shall, at the time of eligibility determination or redetermination, meet the requirements for one of the following categories of need: (1) Resides with parent(s) who are working or attending a job training or education program; (2) Resides with parent(s) who is seeking employment or engaging in job search; or (3) Receives, or need to receive, protective services or is considered a vulnerable child, as defined herein.

Parents who are seeking employment or engaging in job search are categorized into three groups for verification purposes:

1. **TANF Recipients:** This group of applicants includes TANF recipients participating in a qualifying activity for a minimum of 20 hours per week. The timeframe that child care is requested and the parent(s) or guardian(s) activity schedule must match. Only DHS CCSD Eligibility staff may place TANF recipients' children in child care.
2. **TANF Payee:** This group of applicants includes guardian(s) or custodian(s) who are providing care to a child who is not their natural child, receiving financial assistance through ESA on behalf of the child and participating in a qualifying activity for a minimum of 20 hours per week. This guardian(s) or custodian(s). The timeframe that child care is requested and the guardian(s) or custodian(s)' activity must match. Or
3. **Verified Job Search:** This group of applicants includes parent(s) and guardian(s) engaging a valid job search, whether through DOES or another approved agency such as the TANF Employment Program, Food Stamp Employment Program (FSET), TANF Employment

Provider (TEP), Office of Work Opportunity (OWO), or an Economic Services Administration (ESA) approved job search or work experience program.

This group of parents also includes teen or young adult parents, who are either: (1) enrolled and attend a middle school, high school, or an equivalent secondary program (e.g. GED program), or college; or (2) enrolled in a verified job search, job training or work readiness program. Children of teen or young adult parents shall remain eligible during the summer if already provided during the school year regardless of school or work status. In addition, families eligible for subsidized child care pursuant to this subsection shall be provided a -3-month grace period from the date of graduation before income requirements and any co-payment are applied.

Acceptable documentation for verification of seeking employment or engaging in job search includes: Confirmation of job search or job training from DOES, TANF Employment Program, Food Stamp Employment Training (FSET), TANF TEP, OWO, or an ESA-approved job search or work experience program.

- b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?
- No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.
  - Yes**, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
- i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change: A child's eligibility for DC's child care subsidy program shall be re-determined during the 12-month eligibility period in the following situations: (1) Any change in residency outside of the District of Columbia; (2) Non-temporary change; or (3) A change in income, if the family's income exceeds 85 percent of the State median income for a family of the same size. Applicants shall report any of the changes leading to an unscheduled redetermination to their eligibility staff within ten (10) calendar days of the change. A non-temporary change is defined as any cessation of work or attendance at a training or education program that exceeds 90 calendar days. Once the parent reports the non-temporary change they will have 90 days to find a qualifying activity, if qualifying activity is not obtained the parent will receive a 90 day termination notice. For example, if a parent lost their job 90 days ago and is no longer working, this is considered a non-temporary change and the child is no longer eligible. Termination Letter issued on 91st day without a job or verified job search. Child may continue to receive subsidy for 90 days from the date the Termination Letter was issued.
- ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation: A verified job search includes a job search program through the District's DOES or another approved agency such as the TANF Employment Program, Food Stamp Employment Program (FSET), TANF TEP, OWO, or an Economic Services Administration

(ESA) approved job search or work experience program.

A child's eligibility for DC's child care subsidy program shall be re-determined during the 12-month eligibility period in the following situations: (1) Any change in residency outside of the District of Columbia; (2) Non-temporary change; or (3) A change in income, if the family's income exceeds 85 percent of the State median income for a family of the same size. Applicants shall report any of the changes leading to an unscheduled redetermination to their eligibility staff within ten (10) calendar days of the change. A non-temporary change is defined as any cessation of work or attendance at a training or education program that exceeds 90 calendar days. Once the parent reports the non-temporary change they will have 90 days to find a qualifying activity, if qualifying activity is not obtained the parent will receive a 90 day termination notice. For example, if a parent lost their job 90 days ago and is no longer working, this is considered a non-temporary change and the child is no longer eligible. Termination Letter issued on 91st day without a job or verified job search. Child may continue to receive subsidy for 90 days from the date the Termination Letter was issued.

- iii. How long is the job-search period (must be at least 3 months)? 6 months
  - iv. Provide the citation for this policy or procedure. The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The job search/non-temporary change requirements are set forth in Section 200.6(b)(2) of OSSE's Subsidy Manual and 5-A DCMR §§ 201.5.
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.
- i. Not applicable
  - ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.
    - A. Define the number of unexplained absences identified as excessive: During the public health emergency, the Lead Agency is not terminating family's eligibility for child care services, but is terminating payment after 60 uninterrupted days of unexcused absences until a child re-enrolls in a child care facility and attends in person.
    - B. Provide the citation for this policy or procedure: [https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/COVID%20Attendance%20FAQs%20Updated%20March%202021.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/COVID%20Attendance%20FAQs%20Updated%20March%202021.pdf)
  - iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The minimum 12-

month eligibility and re-determination requirements are set forth in Section 600.1(b) of OSSE's Subsidy Manual and 5-A DCMR §§ 201.5.

□ iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure. During a 12-month eligibility period, subsidized child care services shall be terminated, unless a hearing request is filed, for substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. An applicant who has been confirmed through investigation to have committed fraud may be permanently barred from receiving subsidized child care services through DC's subsidy program. Child care eligibility fraud includes, but is not limited to, the following: (a) With intent to deceive, withholding information regarding eligibility factors such as gross annual family income, number of family members, ages of family members, or the recipient's hours of employment or training; (b) Knowingly using child care services for an ineligible child; or (c) Intentionally failing to report any changes which would affect the child's eligibility for child care benefits. Fraud is defined as any action by any person who obtains or attempts to obtain, or aids or abets any person, who pursuant to a scheme to deceive, knowingly falsifies, conceals or otherwise fails to disclose, covers up a material fact, or makes or uses any false statement or document to obtain a benefit or payment described in this chapter to which the applicant or provider would otherwise not be entitled. A failure to disclose a material fact that results in obtaining or continuing to receive child care subsidy funds or services for which the parent or provider is not entitled. OSSE may take further action if there is a determination that fraud has occurred, such as collection from the parent(s) or guardian(s) of funds improperly spent on child care or referral to the Office of the Attorney General or the United States Attorney for possible civil or criminal action.

The District of Columbia [Mayor's Order 2009-3](#), dated Jan. 15, 2009 *nunc pro tunc* to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 *et seq.* The minimum 12-month eligibility and re-determination requirements are set forth in Section 600.2 of [OSSE's Subsidy Manual](#) and 5-A DCMR §§ 202.

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

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

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

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the

Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent’s eligible activity).

- a. Does the Lead Agency require families to report a non-temporary change in a parent’s eligible activity?
  - No
  - Yes**
  
- b. Any additional reporting requirements during the minimum 12-month eligibility period must be limited to items that impact a family’s eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency’s ability to contact the family or pay the child care providers (e.g., a family’s change of address, a change in the parent’s choice of child care provider).

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

- i. Additional changes that may impact a family’s eligibility during the minimum 12- month period. Describe: Applicants shall notify tOSSE, or its authorized designee, within 10 calendar days of the occurrence of any of the following changes: any change in residency to outside of the District of Columbia; a non-temporary change; or a change in income, if the family’s annual income exceeds 85 percent of the SMI for a family of the same size. Applicants shall also notify the lead agency of any change in residency within the District of Columbia.**
- ii. Changes that impact the Lead Agency’s ability to contact the family. Describe: Any changes to information submitted on the subsidy application must be reported within 10 calendar days (including address and contact information).**
- iii. Changes that impact the Lead Agency’s ability to pay child care providers. Describe: Any placement changes to child care providers must be requested by the family and processed by the eligibility case worker in the lead agency’s case management system.**
  
- c. Any additional reporting requirements that the Lead Agency chooses, to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone**
- ii. Email**
- iii. Online forms
- iv. Extended submission hours**
- v. Postal mail
- vi. Fax
- vii. In-person submission**
- viii. Other. Describe:**

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



the minimum 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

– Other changes that families are allowed to report include:

- A change in gross annual family income, if the gross annual family income does not exceed 350% of the Federal Poverty Level or 85 percent of the State median income for a family of the same size;
- Parental Leave. For applicants already receiving child care services, child care may be continued during a parent(s) or guardian(s)' period of parental leave, for not less than 12 months from the last date the applicant was determined as eligible for receiving child care subsidy assistance. temporary change, as defined herein, in the child's parent(s) or guardian(s) ongoing status.

ii. Provide the citation for this policy or procedure. The District of Columbia Mayor's Order 2009-3, dated Jan. 15, 2009 nunc pro tunc to Aug. 16, 2009, designates OSSE as the lead agency for CCDF and delegated the authority of the Mayor to administer the District law that governs subsidized child care, D.C. Code § 4-401 et seq. The reporting requirements are set forth in Section 500.1(a) (1-5) of OSSE's Subsidy Manual and 5-A DCMR § 201.6.

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

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

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

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form

- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)**
- vii. Consultation available via phone
- viii. Other:** Applicants are not required to disrupt work, training, or education activity in order to complete the eligibility redetermination process. In addition applicants receiving TANF benefits may use the District's TANF documents to support redetermination. The eligibility staff will determine what documents are required to verify the family and child's eligibility using as their basis the reason for eligibility. The eligibility staff shall ensure a letter is sent to the parent(s) or guardian(s) that requests written documentation to update the case file, which may include, but is not limited to, documentation required when determined initial eligibility.

During the public health emergency the Lead agency has allowed families with children under age 13 and who have their 12-month eligibility expire during the public health emergency to remain eligible for subsidized child care throughout the public health emergency, until the District government enters Phase Four of the COVID-19 reopening. Families will receive a notice in the mail with a request to come in and recertify after the public health emergency is lifted. Services for children who turn 13 will terminate at the next redetermination date following their 13th birthday (whether or not the District government has entered Phase Four).

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

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

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

## 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). Eligibility is determined two ways in the District. Families may go to the Department of Human Services (DHS) for eligibility determination or they may go to a child development center designated as a Level II provider. A Level II provider is authorized to conduct initial eligibility determinations and re-determinations for families seeking child care subsidy in its center on behalf of the lead agency. No certificates or admission forms are needed for this process. If a family chooses to go the DHS, the child care admission form is issued after they have selected a provider. When it has been determined that a family meets all eligibility criteria and placement has been made, the eligibility staff issues an admission form to the parent(s) or guardian(s) with instructions to have it completed by the selected provider. The provider then returns the admission form to DHS, Child Care Services Division (CCSD) to confirm the child has been accepted and payment for child care services will be authorized. The provider must enter the date the child started at the facility and sign and date the form. The provider returns the admission form via email to DHS CCSD within 24 hours after the child is enrolled at the facility. The admission form includes the following information: type of care (traditional or non-traditional), child's name, parent/guardian, beginning date, child care provider, assigned co-pay information, eligibility worker's contact information, and parent's signature.

4.1.2 Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

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

- i. Other. Describe: MCCDC is a consumer-friendly website that helps families find and compare child care options (<https://childcareconnections.osse.dc.gov/>). MCCDC allows families to search center-based and home-based child development providers by distance from a particular address or zip code. Consumers can filter options by operating hours, type of facility, age range of students served and quality rating. Parents receive a flier with information about the MCCDC website with the voucher. Providers are also required to maintain this flier near the sign in/sign out area.

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

- a. Describe how parents have access to the full range of providers eligible to receive CCDF: District families have the opportunity to choose from a full range of licensed providers including for-profit, non-profit, and faith-based center-based and home-based providers that accept the child care subsidy vouchers. Families are able to search for licensed childcare, browse and compare child care options by location and zip code, and learn about available early childhood resources on the MCCDC website.
- b. Describe state data on the extent to which eligible child care providers participate in the CCDF system: Over half of the District's licensed child development facilities (centers and homes) participate in the subsidized child care program in all 8 wards of the District. OSSE calculates and tracks the percentage of licensed child development facilities participating in the subsidized child care program, both District-wide and by ward, using administrative data from OSSE's child care licensing and subsidy programs. The District tracks all data on child care providers in the licensing case management system, and all subsidized child care providers in the Early Childhood Information Management System. These applications are the system of record that is used to provide the state data on the number of subsidized and non-subsidized child care providers in the District. The District also supports relative and in-home care options for families that are unable to find a child care provider who meets their needs.
- c. Identify any barriers to provider participation, including barriers related to payment rates and practices, based on provider feedback and reports to the Lead Agency: The District has decreased barriers to participation by increasing subsidy reimbursement rates in FY19 based on the average cost of providing child care. Barriers to participation in the District's subsidized child care program in the past were low reimbursement rates and late or delayed payments. However, these are no longer barriers to participation as the District significantly increased the reimbursement rates as a result of the increases to federal and local funding in fiscal year 2019. Furthermore, OSSE has eliminated late or delayed payments and has paid out reimbursements on time consistently. Since October 2018, OSSE also pays a \$75 initial registration fee for each subsidy eligible child. OSSE acknowledges there may be other obstacles that may force some providers to limit the number of children receiving subsidies in their care. Some providers indicated that payment practices (e.g. reimbursement payment and payments based on attendance rather than enrollment) were obstacles that prevented participation in the subsidy program. In response to this feedback and experience during the public health emergency, OSSE has modified its prior attendance-based payment policies and now pays based providers based on enrollment for all children who are absent fewer than 10 days per month (or 15 days if the absence is excused). When children are absent more than 10 days per month (or 15 days if the absence is excused), OSSE pays providers for the number of

days the child actually attended in addition to up to 10 unexcused or 15 excused absences per month. These payment practices are intended to support the fixed costs of care and reduce barriers to participation in the child care subsidy program. OSSE meets regularly with membership associations representing child care centers, home and expanded home providers, as well as CCDF and non-CCDF providers, including membership associations such as the Director's Exchange, the Washington Association of Child Care Providers and the Family Child Care Association, to solicit input on its policies and practices that may create barriers to participation in subsidy and/or ways to increase the attractiveness of the subsidy program to a wide range of providers.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). A licensed facility shall provide parents with unlimited access to their children at all times, pursuant to 5-A DCMR § 127.2. Facilities are required to establish and implement written policies that are to be provided to parents. The written policies must include that parents have unlimited access to their children and access to all facility areas used by their child. Additionally, parents are informed of this policy during the parent application and orientation process. Providers are reminded of this policy during the subsidy provider orientation and in the subsidy provider agreement.

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

- No
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
  - a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
  - b. Restricted based on the provider meeting a minimum age requirement. Describe: Providers are required to be at least 21 years of age.
  - c. Restricted based on the hours of care (i.e., certain number of hours, non- traditional work hours). Describe:
  - d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe:
  - e. Restricted to care for children with special needs or a medical condition. Describe:
  - f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
  - g. Other. Describe: Families must show that they have tried to enroll their child in care at three facilities before OSSE will approve an in-home care agreement.

4.1.6 Child care services available through grants or contracts.

- a. In addition to offering certificates, does the Lead Agency provide child care services through

grants or contracts for child care slots (658A(b)(1))? Note: Do not check “yes” if every provider is simply required to sign an agreement to be paid in the certificate program.

- No**. If no, skip to 4.1.7
- Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.
- Yes, statewide. If yes, describe:
  - i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:
  - ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:
  - iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

b. Will the Lead Agency use grants or contracts for direct child care services to increase the supply or quality of specific types of care?

- No**
- Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
i. Children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
ii. Infants and toddlers	<input type="checkbox"/>	<input type="checkbox"/>
iii. School-age children	<input type="checkbox"/>	<input type="checkbox"/>
iv. Children needing non-traditional hour care	<input type="checkbox"/>	<input type="checkbox"/>
v. Children experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>
vi. Children with diverse linguistic or cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>
vii. Children in underserved areas	<input type="checkbox"/>	<input type="checkbox"/>
viii. Children in urban areas	<input type="checkbox"/>	<input type="checkbox"/>
ix. Children in rural areas	<input type="checkbox"/>	<input type="checkbox"/>
x. <b>Other</b> populations, please specify <b>There are no descriptions needed</b>	<input type="checkbox"/>	<input type="checkbox"/>

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the

data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers. In November 2018, the Bainum Family Foundation, a private foundation, published *Early Learning Supply and Demand*, an analysis of estimated supply of and potential demand for early learning slots by child age (e.g. infant/toddler and pre-k), program quality, and neighborhood in the District of Columbia. The analysis was conducted by the Reinvestment Fund with financial support of the Bainum Family Foundation and includes an accompanying interactive map allowing users to further analyze the data for specific ages, quality levels, populations, and communities. This analysis included both center-based and home-based licensed child development facilities as well as public and private schools serving pre-kindergarten-aged students. The analysis found a shortage of high-quality infant and toddler slots throughout the District and identified the specific geographic areas with the greatest gap between estimated supply and demand. The study is available at : [https://bainumfdn.org/wp-content/uploads/2018/10/Bainum\\_EL-Supply-Demand-Report\\_FNL\\_Nov-2018.pdf](https://bainumfdn.org/wp-content/uploads/2018/10/Bainum_EL-Supply-Demand-Report_FNL_Nov-2018.pdf) and the interactive map is available here: <https://bainumfdn.org/what-we-do/early-learning/supporting-facility-improvements-d-c-providers-early-learning-quality-fund/ecmapdc/>. OSSE also funded a third party research institute, the Urban Institute, to conduct a study of the supply of and demand for nontraditional-hour child care in the District. This study (available at: <https://www.urban.org/research/publication/nontraditional-hour-child-care-district-columbia>) found that over 20 percent of children under age 12 in the District have parents who work or commute nontraditional hours, and identify the greatest potential unmet need for nontraditional-hour care in wards 7 and 8. OSSE has used data and findings from both studies to inform strategies to increase the supply of child care in the District, including the Access to Quality (A2Q) Child Care Expansion Grant, which uses local funds to make facilities grants to support expansion of child development facilities to create additional infant and toddler slots. OSSE is keenly aware that the data collected and analyzed through both these studies is now several years old, and that the public health emergency has affected, and continues to affect, both the supply of and demand for child care in the District in multiple ways, the long-term impacts of which are still unfolding. Given this, OSSE recognizes a need for additional data collection and analysis to identify potential shortages as the District emerges from the public health emergency. The Lead Agency tracks progress to support equal access and parental choice through several data points: the number and percentage of providers participating in the child care subsidy program, the number of slots available in subsidy providers by age group and geographic location (ward), the percent of subsidy utilization by age group (infant/toddler) and ward, and the number of subsidy participating providers at each quality designation in Capital Quality, with the goal of increasing the number of subsidy providers and slots as well as the number of subsidy providers achieving “quality” and “high-quality” designations. These data point are collected through the data systems of record for child care licensing and included, along with directional trends, in Key Performance Indicators (KPIs) that the Lead Agency reports to the City Administrator on a quarterly basis and/or performance Oversight questions on which the Lead Agency reports to the City Council annually. The Lead Agency also tracks changes in supply of child care facilities (due to temporary and permanent closures as well as new openings) on an ongoing basis and regularly reviews data collected by D.C. Child Care Connections (DC CCC), the District’s Child Care Resource and Referral agency, on vacancies in child development facilities and parental requests for referrals to child care, to provide additional information on progress and areas where parents are encountering challenges accessing care. The Lead Agency is working with DC CCC to enhance collection and analysis of data on child care demand and supply. OSSE is currently updating our internal data

systems that support child care licensing, subsidy, and quality initiatives and anticipate that this system will further enhance our ability to track progress to support equal access and parent choice.

b. In child care homes.

The 2018 Early Learning Supply and Demand Report (available here: [https://bainumfdn.org/wp-content/uploads/2018/10/Bainum\\_EL-Supply-Demand-Report\\_FNL\\_Nov-2018.pdf](https://bainumfdn.org/wp-content/uploads/2018/10/Bainum_EL-Supply-Demand-Report_FNL_Nov-2018.pdf)) and interactive map and the study of nontraditional hour care included information on demand and supply in homes, as well as center- and (where applicable) school-based facilities. The indicators and mechanisms that the Lead Agency uses to track progress to support equal access and parental choice are inclusive of data from both child care centers and child care homes.

c. Other.

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

a. Children in underserved areas. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6). Describe:
- ii. **Targeted Family Child Care Supports** such as Family Child Care Networks. Describe: ii. **Family Child Care Networks.** Describe: OSSE established the Shared Services Business Alliance (SSBA) for child development homes in FY 2017 and has enrolled 47 home providers (43 percent of licensed child development homes) as of Dec. 1, 2020. SSBA is focused on facilitating a network for home providers to access best practice information and technical assistance and to use the economies of scale that result from shared business services. OSSE's grantee that manages the QRIS and CCR&R also manages SSBA, ensuring supports are aligned to quality initiatives in the District. OSSE is currently working with the grantee to expand access to SSBA for additional homes and small child development facilities.
- iii. Start-up funding. Describe:
- iv. **Technical assistance support.** Describe: All child development homes and centers participating in the District's QRIS, Capital Quality, which is mandatory for Child Care and Development Fund (CCDF) providers and voluntary for non-CCDF providers, receive ongoing technical assistance from quality facilitators (i.e. coaches) to identify resources, develop and implement strategies to improve program quality. All subsidized child care providers receive year round technical support from OSSE staff (education service monitors, attendance coordinators, eligibility staff), including assistance with subsidy program and eligibility policy, monthly attendance submissions, and payment error corrections. OSSE also maintains a Help Desk for all early childhood related questions, including workforce



development, licensing compliance (e.g., required professional development), and QRIS information. Family child care home providers participating in the SSBA receive one-on-one support at their facility from their designated child care specialist for a variety of needs including, licensing compliance and learning environment quality improvement.

v. Recruitment of providers. Describe:

vi. **Tiered payment rates** (as discussed in 4.3.3 ). Describe: OSSE provides tiered reimbursement rates aligned to QRIS designations (i.e. Preliminary, Developing, Progressing, Quality and High-Quality) to support and incentivize high-quality care and education services for children in underserved areas.

Home providers participating in the SSBA are able to receive the highest tiered reimbursement rate due to the quality supports associated with membership. Child care centers participating in OSSE's QIN also receive additional funding and quality services.

vii. **Support for improving business practices, such as management training, paid sick leave, and shared services.** Describe: With alignment of the QRIS and the SSBA under one grantee, quality facilitators (QRIS) and child care specialists (SSBA) have facilitated the use of the Program Administration Scale (PAS) and Business Administration Scale (BAS) to improve business practices. OSSE and the grantee are also in the process of expanding the SSBA to include small child development centers in addition to the child development homes currently eligible to participate.

Capital Quality, the District's QRIS, provides CoP meetings and weekly direct one-on-one consultation for all participating providers. CoP meetings include professional development and engagement surrounding topics such as staffing structure, staff professional development plan, and the PAS. For participating home providers, OSSE's SSBA provides direct business practice supports that include business systems development (e.g., automated billing) and professional development courses (e.g., basic computer literacy for business owners) for targeted home providers.

DC CCC, the District's child care resource and referral agency, also provides business training and supports through its Director's Corner and shared business-related information and resources from community partners, such as the Deputy Mayor's Office for Planning and Economic Development and the LIIF, via an established distribution list.

During the public health emergency, OSSE has worked with community development financial institutions (CDFIs) including LIIF and Wacif to distribute financial assistance to child development facilities. These partnerships enable child care providers in the District to access to other business resources and capacity building from these CDFIs including support in accessing Paycheck Protection Program loans, supports available from Wacif's Enterprising Women of Color Business Center, and information on accessing business capital.

- viii. Accreditation supports. Describe:
- ix. Child care health consultation. Describe:
- x. **Mental health consultation.** Describe:

Children enrolled in the QIN and the PKEEP classrooms have access to mental health consultation via an intra-agency agreement with the DBH. DBH implements Healthy Futures (HF), an early childhood mental health consultation program. Through HF, child development facilities are assigned a mental health consultant to work with on a weekly basis. DBH is working with OSSE to expand access to HF services to additional facilities in wards 7 and 8 during the FY2022-24 CCDF Plan Period.

- b. xi. **Other.** Describe: The EHS-CC Partnership grant increases the supply of high-quality infant and toddler care in underserved areas in the District by providing a model for scaling up quality improvement efforts for infants and toddlers across the District. OSSE leveraged the EHS-CCP grant to develop the QIN. The QIN increases access to comprehensive child development and family support services with a particular focus in underserved areas. As part of the QIN, OSSE awarded a locally-funded grant to a community-based organization to serve as a hub and provide technical assistance and training and coordinate comprehensive services for a network of child development homes that primarily serve infants and toddlers. The hub agency supports fourteen child development home providers. The hub is supporting the network in achieving EHS quality in their programs. The hub provides continuous job embedded professional development and coaching to the staff, comprehensive services, health services, support in nutrition and wellness, as well as support to engage families in the programs. The locally funded A2Q Child Care Expansion Grant makes grants for child development facility construction or renovation to create new infant and toddler slots in the District. Providers who operate in or plan to expand to underserved areas are prioritized to receive this funding. The first round of A2Q grants increased the number of available infant and toddler slots by 1,244 through September 2020. Infants and toddlers. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6). Describe:

- ii. Family Child Care Networks. Describe:

OSSE established the SSBA for child development homes in FY 2017 and has enrolled 47 home providers (43 percent of licensed child development homes) as of Dec. 1, 2020. SSBA is focused on facilitating a network for home providers to access best practice information and technical assistance and to use the economies of scale that result from shared business services. OSSE's grantee that manages the QRIS and CCR&R also manages SSBA, ensuring supports are aligned to quality initiatives in the District. OSSE is currently working with the grantee to expand access to SSBA for additional homes and small child development facilities.

- iii. Start-up funding. Describe:

iv. Technical assistance support. Describe: All child development homes and centers participating in the District's QRIS, Capital Quality, which is mandatory for CCDF providers and voluntary for non-CCDF providers, receive ongoing technical assistance from quality facilitators (i.e. coaches) to identify resources, and develop and implement strategies to improve program quality.

All subsidized child care providers receive year round technical support from OSSE staff (education service monitors, attendance coordinators, eligibility staff), including assistance with the subsidy program and eligibility policy, monthly attendance submissions, and payment error corrections. OSSE also maintains a Help Desk for all early childhood related questions, including workforce development, licensing compliance (e.g., required professional development), and QRIS information.

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

OSSE, provides tiered reimbursement rates aligned to QRIS designations (i.e. Preliminary, Developing, Progressing, Quality and High-Quality) to support and incentivize high-quality care and education services for infants and toddlers. Within each tier, OSSE differentiates rates for infants and toddlers, pre-school, and school-aged care to reflect the difference in costs to deliver care by age. The *infant and toddler* tiered reimbursement rates are higher than the rates for other age groups due to the higher cost of care for infants and toddlers. Child care centers participating in OSSE's QIN, which seeks to increase the supply of high-quality infant and toddler seats, also receive additional funding and quality services.

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

With alignment of the QRIS and the SSBA under one grantee, quality facilitators (QRIS) and child care specialists (SSBA) have facilitated the use of the PAS and BAS to improve business practices. OSSE and the grantee are also in the process of expanding the SSBA to include small child development centers in addition to the child development homes currently eligible to participate.

Capital Quality, the District's QRIS, provides CoP meetings and weekly direct one-on-one consultation for all participating providers. CoP meetings include professional development and engagement surrounding topics such as, staffing structure, staff professional development plan and the PAS. For participating home providers, OSSE's SSBA provides direct business practice supports that include business systems development (e.g., automated billing) and professional development courses (e.g., basic computer literacy for business owners) for targeted home providers.

DC CCC, the District's child care resource and referral agency, also provides business training and supports through its Director's Corner and shared business-related information and resources from community partners, such as the Deputy Mayor's Office for Planning and Economic Development and LIIF, via an established distribution list.

During the public health emergency, OSSE has worked with CDFIs including LIIF and Wacif to distribute financial assistance to child development facilities.

Through these partnerships, child care providers in the District also have access to other business resources and capacity building from these CDFIs including support in accessing Paycheck Protection Program loans, supports available from Wacif's Enterprising Women of Color Business Center, and information on accessing business capital.

viii. Accreditation supports. Describe:

ix. Child care health consultation. Describe:

Children enrolled in the QIN receive dental screenings through a mobile service. Health care check-ups are tracked through the QIN.

x. Mental health consultation. Describe:

Children enrolled in the QIN and the PKEEP classrooms have access to mental health consultation via an intra-agency agreement with the DBH. DBH implements HF, an early childhood mental health consultation program. Through HF, child development facilities are assigned a mental health consultant to work with on a weekly basis. DBH is working with OSSE to expand access to HF services to additional facilities in wards 7 and 8, as well as throughout the District during the FY22-24 CCDF Plan Period.

xi. Other. Describe:

The EHS-CC Partnership grant increases the supply of high-quality infant and toddler care in the District by providing a model for scaling up quality improvement efforts for infants and toddlers across the District. OSSE leveraged the EHS-CCP grant to develop the QIN. The QIN increases access to comprehensive child development and family support services with a particular focus in underserved areas. As part of the QIN, OSSE awarded a locally-funded grant to a community-based organization to serve as a hub and provide technical assistance and training and coordinate comprehensive services for a network of child development homes and centers that primarily serve infants and toddlers. The QIN program supports infant, toddlers, and their families directly. The hub agencies support 14 child development home providers and 15 child development centers. The hubs are supporting the network in achieving EHS quality in their programs. The hub provides continuous job embedded professional development and coaching to the staff, comprehensive services, health services, support in nutrition and wellness, as well as support to engage families in the programs. The locally funded A2Q Child Care Expansion Grant makes grants for child development facility construction or renovation to create new infant and toddler slots in the District. Providers who operate in or plan to expand to underserved areas are prioritized to receive this funding. The first round of A2Q grants increased the number of available infant and toddler slots by 1,244 through September 2020.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

The Lead Agency is exploring the possibility of providing child care services through grants or contracts for child care slots with providers serving medically fragile children and children with disabilities to increase the supply of care for children with special needs and families' ability to access these providers.

- ii. Family Child Care Networks. Describe:
- iii. Start-up funding. Describe:
- iv. Technical assistance support. Describe:
- v. Recruitment of providers. Describe:
- vi. Tiered payment rates (as discussed in 4.3.3).

OSSE's (DEL tiered payment rates include Special Needs differentials for infants and toddlers and pre-school and school-aged care that acknowledge the increased costs to care for a child with special needs.

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:.
- viii. Accreditation supports. Describe:.
- ix. Child care health consultation. Describe:.
- x. Mental health consultation. Describe:.
- xi. Other. Describe: The Lead Agency is using a portion of CCDF funds received through the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act to fund a grant to an intermediary, the LIIF) to make subgrants to provide operating support to child care providers serving medically fragile children and/or children with disabilities to ensure that these providers are able to remain in business and continue serving children during and beyond the public health emergency.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6). Describe:
- ii. Family Child Care Networks. Describe:.
- iii. Start-up funding. Describe:.
- iv. Technical assistance support. Describe:.
- v. Recruitment of providers. Describe:.
- vi. Tiered payment rates (as discussed in 4.3.3). Describe: OSSE's tiered payment rates include a non-traditional full-time and part-time differential for all age groups and service types.
- vii. Supporting for improving business practices for providers, such as management, training and share services. Describe:
- viii. Accreditation supports. Describe:.
- ix. Child Care health consultation. Describe:.
- x. Mental health consultation. Describe:.
- xi. Other. Describe: The District is currently working to identify additional strategies to increase the supply of quality care for children who receive care during non-traditional hours. OSSE believes that such strategies must be grounded in a clear understanding of the needs and preferences of families seeking or using non-traditional hours care, as well as the barriers that providers face to offering such care. To this end, OSSE commissioned a third-party research organization to conduct a study of supply and demand for non-traditional hours care in the District of Columbia.

<https://www.urban.org/research/publication/nontraditional-hour-child-care-district-columbia>) The COVID-19 public health emergency, and the disruptions it has created for both providers of nontraditional hour care and parental employment in many fields with nontraditional hours, prevented OSSE from implementing new policies or strategies in response to the findings of this report during the previous state plan period. However, OSSE continues to support and provide input to this third-party research organization's ongoing, independent efforts to conduct further research to deepen understanding of the needs, preferences, and experiences of parents of young and school-aged children in the District who work nontraditional hours. The findings of this research will be used to to inform the development of policies and strategies to support the needs of these families, informed by a better understanding of how those needs may be evolving as the District continues through the recovery from the public health emergency.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

1. Describe: The Lead Agency will use Child Care Stabilization Grant Funds received through the American Recovery Plan to make grants to child care providers to preserve the supply of child care and help providers cover operating costs to remain in operation during the public health emergency and recovery. The Lead Agency will work through intermediaries—the LIIF, Wacif, Hurley & Associates, and United Planning Organization—to distribute 90 percent of Child Care Stabilization Funds received by the Lead Agency as subgrants to child care providers. CCDF and non-CCDF providers licensed as of the date of passage of the American Recovery Plan are potentially eligible for a grant, provided the provider provides the certifications required by the American Recovery Plan and further certifies that the provider needs financial assistance to remain in operation and will use grant funds to remain in operation for the duration of the grant period. In-home and relative providers are not eligible for subgrants from this program. Provider funding amounts will be determined using a formula based on the provider's estimated monthly cost of operations, as estimated using the D.C. Cost Estimation Model and the provider's licensed enrollment capacity, with adjustments for additional factors that may increase or decrease the provider's financial need. The remaining 10% of funds will be used to cover intermediaries' costs to administer subgrant programs and provide business supports and capacity building for subgrantees. The Lead Agency has chosen to work with these intermediaries because they are familiar with the District's child care providers, have a track record of successfully administering subgrants and supporting child care providers, and have the capacity to make high-quality business supports and capacity building available to child care providers. Each intermediary will be responsible for subgrants to a designated subset of eligible child care providers, based on providers' needs and participation or non-participation in various programs (e.g. child care subsidy, QIN, SSBA, but may provide business supports and capacity building for other child care providers as well. The Lead Agency will work with the intermediaries to coordinate subgrant administration and business

capacity building activities to avoid duplication, maximize efficiency, and increase the availability and intensity of high-quality business supports and capacity building tailored to the needs of child care businesses in the District. In addition, the Lead Agency will use a portion of the 10% of funds not distributed through subgrants to support additional Lead Agency staff needed to oversee the grant program and coordinate intermediaries' subgranting and business capacity building activities with one another and other related initiatives (supported by the Lead Agency and other public and private entities); to conduct outreach and communications with child care providers about the program; and to collect and analyze data on child care demand, supply, and facilities needs to inform the Lead Agency's ongoing efforts to support equal access and parental choice and improve the supply and quality of child care. The Lead Agency anticipates beginning to distribute funds in FY2022, following conclusion of other emergency relief grants for child care providers funded with CRRSA Act funds.

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

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

- a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment? The Lead Agency defines areas with significant concentrations of poverty and unemployment as areas within a high poverty census tract. A high poverty census tract is defined by the tiers "10-24.99 percent families in poverty" and "greater than 24.99 percent families in poverty", as verified by EMapDC.org.

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

OSSE's 2019-2023 strategic plan included a goal of increasing by 1,000 the number of quality slots available for infant and toddler care across the District. In 2018, the District created the A2Q Child Care Expansion Grant with a goal to increase the supply of quality

infant and toddler supply by 1,000 by September 2020 with at least 50 percent of sub-granted amounts to improve supply for infants and toddlers eligible for subsidy. Through September 2020, A2Q had supported the creation of 1,244 new infant and toddler slots. In selecting child development facilities for the initial round of subgrants, the grantee administering the A2Q fund prioritized applicants serving or proposing to serve children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs. The A2Q Child Care Expansion Grant program remains a pillar of the Lead Agency's strategy to further increase supply of high-quality child care for infants and toddlers in areas that have significant concentrations of poverty and unemployment and/or shortages of high-quality programs during the recovery from the public health emergency, contingent on continued local funding.

Through the Lead Agency's public private partnership with the Bainum Foundation, the QIN expanded in March 2018 to three additional centers serving 94 children in Wards 7 and 8, our wards with the highest concentration of poverty and unemployment. In 2019, OSSE received federal funds to support these facilities. The Bainum Family Foundation still provides professional development supports to the QIN directly to the hubs. In 2017 the Bainum Foundation established a \$4.5 million Early Learning Quality Fund to support the development of 750 high quality infant and toddler slots in Wards 7 and 8. The Lead Agency continues to pursue federal and philanthropic funding opportunities to expand the work of the QIN.

#### 4.2 Assess Market Rates and Analyze the Cost of Child Care

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

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

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



required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

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

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

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

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

- Yes.** If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.
  - a. MRS. When was your data gathered (provide a date range, for

instance, September – December, 2019)?

- b. **ACF pre-approved alternative methodology.** Identify the date of the ACF approval and describe the methodology: **On April 15, 2021, the ACF approved the District's request to use an alternative methodology to establish subsidy payment rates. As provided in OSSE's request, OSSE updated the D.C. Cost Estimation Model that was developed in 2018 in consultation with nationally recognized early childhood finance experts. The model is a flexible financial model that incorporates a variety of assumptions and data inputs to calculate the estimated cost of delivering services at each level of the District's QRIS, Capital Quality, in center and home-based settings under a variety of operating scenarios (e.g. different facility sizes, ages of children served, sources of revenue and program participation). The goals of the alternative methodology are to: 1) identify key cost drivers that cut across all QRIS designations and age groups; 2) carefully explore differential costs between programs based on size, ages of children served, and other factors; 3) assess the fiscal impact of various policies (e.g. licensing requirements, minimum wage increases) and participation in different programs and funding streams (e.g. the QIN, the PKEEP, the CACFP on provider costs and revenues; 4) understand the impact of new health and safety protocols and group sizes on provider costs and revenues during the public health emergency and 5) use this information to test a range of alternative rate-setting and policy recommendations with a clear understanding of the fiscal impact of these decisions. OSSE updated the model that was used in 2018 because that model was extensively vetted by both local stakeholders and national experts and the District was able to use the results from the 2018 cost estimation model to inform rate setting and make targeted and meaningful investments in supporting providers' financial sustainability.**

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS. If checked, describe the status of the Lead Agency's implementation of the MRS.

ii. **ACF pre-approved alternative methodology.** If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology: **ACF approved the District's Alternative Methodology approach on April 15, 2021. In 2018 the District developed the D.C. Child Care Cost Estimation Model, an interactive model of the actual cost of delivering child care services. The D. C. Child Care Cost Estimation Model adapts the Provider Cost of Quality Calculator (PCQC), a dynamic, web-based tool that calculates the cost of quality child care based on site-level provider data. The D.C. Cost Estimation Model uses Excel spreadsheets to create flexible**

financial models, based on the PCQC, that are aligned to the District's unique reimbursement rate variations, quality ratings and other funding factors and can be used to project costs to deliver care under a variety of scenarios within District of Columbia policy and funding conditions. The resulting modeling tool takes into account the different levels of quality of the District's QRIS in the universe of child care providers in the District, including child development centers and homes serving children of varying ages and needs.

- b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2-4.5.2. Click or tap here to enter text.

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

- a. State Advisory Council or similar coordinating body: On Jan. 28, 2021, OSSE consulted with the SECDCC and received approval to request the ACF approval to use an alternative methodology based on the District's Child Care Cost Estimation Model for the FY2022-24 CCDF Plan. In March 2021, OSSE consulted with SECDCC members and sought input to inform the assumptions in the model, and in July 2021 OSSE will present the findings of the completed model analysis to the SECDCC for further review and feedback.
- b. Local child care program administrators: OSSE conducted focus groups with local child care program administrators, through the Director's Exchange, the D.C. Family Child Care Association, the Multicultural Spanish Speaking Provider Association, and the Washington Association of Child Care Centers. Each of these organizations' membership is primarily composed of local child care program administrators. OSSE also reviewed the cost model inputs and assumptions with the D.C. Child Care Recovery Working Group, a working group of child development facility leaders representing the diversity of settings within the District's child care ecosystem that OSSE convened in Summer 2020 to advise OSSE in planning for and supporting child care facilities in reopening and recovery following COVID-19 related closures, and whom OSSE continues to engage as an informal advisory on key policy, programmatic, and other questions facing the agency and child development facilities. OSSE reviewed the model's inputs and assumptions with these groups to ensure the model is representative of the District's child care programs and facilities.
- c. Local child care resource and referral agencies: The CC&R agency for the state is a member of the SECDCC and the District's Child Care Recovery Working Group and has provided a review and input into the alternative methodology.

d. Organizations representing caregivers, teachers, and directors: OSSE conducted focus groups with representatives of organizations representing caregivers, teachers, and directors, including the DC AEYC, DC HSA, the D.C. Family Child Care Association, Multilingual Spanish Speaking Providers Association, and D.C. Action, as well as conducting follow-up conversations with individual program leaders and directors to solicit additional information and feedback on key assumptions or data points. OSSE also reviewed the cost model inputs and assumptions with the D.C. Child Care Recovery Working Group, a working group of child development facility leaders representing the diversity of settings within the District's child care ecosystem that OSSE convened in Summer 2020 to advise OSSE in planning for and supporting child care facilities in reopening and recovery following COVID-related closures, and whom OSSE continues to engage as an informal advisory on key policy, programmatic, and other questions facing the agency and child development facilities.

e. Other. Describe:

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

- i. Represent the child care market: The District's alternative methodology is designed to be inclusive of the universe of providers in the District's child care market and to reflect variations by provider type, age of children, and quality. OSSE's DEL used the D.C. Cost Estimation Model tool to separately model the costs for the three types of licensed providers that exist in the District--child development centers, child development homes, and child development expanded homes--taking into account the unique operating conditions and variation in cost drivers of these different providers. For each provider type we also modeled a variety of scenarios that reflect variation in provider size (number of children served); ages of children served (birth to five, infants and toddlers only, preschool only, school-aged, and birth-to-five and school-aged); quality level (based on the District's QRIS ratings) and participation in different programs and revenue streams. The dynamic nature of the model enables us to program assumptions about cost and revenue drivers that can then be adapted to vary based on these factors, as well as to include fixed costs and calculate variations in fixed, marginal, and total costs per child under different scenarios.
- ii. Provide complete and current data: The District's 2021 Cost Estimation Model uses complete and current data from a variety of sources. Revenue data include the District's current and proposed subsidy reimbursement rates (current rates valid in

FY21), reimbursement rates for the CACFP program (rates effective from July 1, 2020 through June 30, 2021), and Uniform Per Student Funding Formula for school year 2020-2021. Cost data include data from the District of Columbia's current minimum wage, most recent (published May 2020) salary information from the Bureau of Labor Statistics (BLS) Occupational Employment Statistics, DCPS Salary Schedule, and data on facilities costs from the Low-Income Investment Fund (LIIF). Assumptions and data on non-personnel costs, such as supplies, equipment, rent, or mortgage payments and food were updated using the consumer price index annually through April 2021, and refined through consultation with the District's child care providers, other District government agencies, and national and local experts, such as BUILD, Opportunities Exchange, and LIIF from February through May of 2021.

- iii. Use rigorous data collection procedures: OSSE used data from public sources that use rigorous data collection and quality control measures (such as BLS data) and consulted with child care providers and national experts to validate and refine all data and assumptions incorporated into the model. This consultation process included multiple focus groups with groups of child care providers representing the universe of child care in the District, as well as follow-up to collect more detailed information on specific data points raised in these conversations.
- iv. Reflect geographic variations: N/A - the District of Columbia has only one geographic area
- v. Analyze data in a manner that captures other relevant differences: The District of Columbia Cost Estimation Model is a flexible financial model that allows inputs and assumptions to be adjusted to test a wide variety assumptions and scenarios. Through testing different assumptions, we are able to analyze the fiscal impact of a wide variety of policies, programs (e.g. participation in the PKEEP or the QIN), provider business models, and operating conditions, including the impact of potential differences in providers' operating circumstances, enrollment, and costs as a result of the public health emergency.

- b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes. If yes, why do you think the data represents the child care market? The District of Columbia Cost Estimation Model is a flexible financial model that allows inputs and assumptions to be adjusted to test a wide variety assumptions and scenarios, including the impact of potential differences in providers' operating circumstances, enrollment, and costs as a result of the public health emergency. OSSE is in ongoing dialogue with child development facility leaders, including leaders of center- and home-based facilities, about how the public health emergency is impacting their programs' enrollment, costs, finances, staffing, and family and staff well-being, among other topics.

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

- a. Geographic area (e.g., statewide or local markets). Describe: N/A - the District of

Columbia has only one geographic area

- b. Type of provider. Describe: The District's alternative methodology used the D.C. Child Care Cost Estimation Model to separately models the costs for the three types of licensed providers that exist in the District: child development centers, child development homes, and child development expanded homes.
- c. Age of child. Describe: Within the models for each provider type, OSSE used the Child Care Cost Estimation Model to develop a variety of scenarios that reflect variation in ages of children served (e.g. birth to five, infants and toddlers only, preschool only, school-aged, and birth-to-five and school-aged) and reflect differences in group-sizes, adult:child ratios, and other regulatory requirements related to child age.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level. In addition to variations by provider type and children's ages, the District's alternative methodology used the D.C. Child Care Cost Estimation Model to model multiple scenarios that varied by by provider quality (as measured through Capital Quality, the District's tiered QRIS), size, and participation in different programs and revenue streams (including the PKEEP, the QIN, and the CACFP).

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 – 2024 CCDF Plan?

- No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:
  - a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

As described in response to question 4.2.3 and 4.2.4, the Lead Agency used the D.C. Cost Estimation model as an approved alternative methodology. The D.C. Cost Estimation Model addresses the narrow cost analysis requirements to conduct, obtain, and analyze data on the estimated cost of care (including relevant variation by category of provider or age of child) taking into account the costs of providers' implementation of health, safety, quality, and staffing requirements, and the cost of higher-quality care; and the D.C. Cost Estimation Model goes beyond these requirements to allow modeling of different scenarios and factors that affect providers' costs, revenues, and overall financial viability. The Lead Agency used information generated from the D.C. Cost Estimation Model to conduct the analysis of costs and of gaps between subsidy rates and costs to provide care required for the narrow cost analysis.

- b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards,

and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

The DC Cost Estimation Model is a flexible financial model that enabled the lead agency to estimate the cost of implementing federal and District health, safety, quality, and staffing requirements. The model’s input tab determines the facility size by inputting the number of classrooms, and then calculates based on the corresponding group size limits for each age group. The number of child care program administrative personnel are determined by facility size, and classroom teaching personnel are determined by ratio requirements for each age group. Teaching personnel qualification requirements are accounted for with the salary inputs for lead teachers, assistant teachers, and teacher aides/floaters. The analysis calculates the cost for classroom coverage throughout the day, as well as coverage for paid leave (including sick leave) and professional development release time. Data generated by applying the D.C. Cost Estimation Model to various scenarios was used to conduct the narrow cost analysis.

- c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

OSSE used the D.C. Cost Estimation Model to calculate the cost of care at each of the District's Capital Quality designations: developing, progressing, quality, and high-quality. Each scenario accounts for the differences in personnel costs, administrative staff full-time equivalents and other relevant inputs needed to deliver care at each level of quality. Data generated by applying the D.C. Cost Estimation Model to various scenarios was used to conduct the narrow cost analysis.

- d. The gap between costs incurred by child care providers and the Lead Agency’s payment rates based on findings from the narrow cost analysis.

The Lead Agency used the cost estimates generated by the D.C. Child Care Cost Estimation Model to conduct the narrow cost analysis and calculate the cost of care per child annually, monthly, weekly, and daily. The Lead Agency reimburses child care facilities per child on a daily basis, so average daily cost per child is used to compare to the Lead Agency’s current payment rates and identify and quantify gaps between current subsidy reimbursement rates for infants-toddlers and the estimated cost to deliver care, as presented below. Daily estimated average cost of care is calculated by dividing the annual estimated average cost of care by 260.

Quality Designation	Annual estimated average	Daily estimated average	Current daily reimbursement rate	Gap between estimated cost of care and
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	cost of care	cost of care		reimbursement rate
Developing	\$20,132	\$77.43	\$65.43	\$12.00
Progressing	\$20,801	\$80.00	\$68.32	\$11.68
Quality	\$22,919	\$88.15	\$76.78	\$11.37
High-quality	\$24,239	\$93.23	\$93.91	\$(0.68)

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers’ implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

- a. Date the report containing results was made widely available—no later than 30 days after the completion of the report.

The Lead Agency will publish a report presenting the results of the alternative methodology and narrow cost analysis no later than 30 days after the submission of this plan.

- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The Lead Agency will make the detailed report widely available within the District’s child care community by presenting report findings to stakeholder groups including the SECDCC, OSSE’s Child Care Recovery Working Group, and the associations and provider groups consulted to inform the alternative methodology; through the DEL newsletter; making the report available on the OSSE website here

<https://osse.dc.gov/page/modeling-cost-child-care-district-columbia>; and via social media.



- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The detailed report reflects the results of adjustments to the D.C. Cost Estimation Model that the Lead Agency made in response to stakeholder input. For example, the Lead Agency adjusted staffing assumptions for expanded child care homes and center administrative roles based on stakeholder feedback, as well as data inputs for staff compensation and benefits. The detailed report also includes information about additional scenarios that the Lead Agency modeled in response to stakeholder input, including a scenario estimating the cost to deliver care with teacher salaries comparable to those of teachers in DCPS. The Lead Agency will present a summary of the report findings to the SECDCC prior to publication and include feedback and input in the detailed report.

#### 4.3 Establish Adequate Payment Rates

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

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

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

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

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

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

The below published rates reflect the rates established in existing regulations (DCMR 5A-203). Because subsidy payment rates are set in regulations, OSSE must promulgate new regulations in order to update the rates, to take effect October 1, 2021.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
Infant (6 months) Center care	\$65.34 (day)	\$326.70	N/A	62%
Toddler (18 months) Center care	\$65.34 (day)	\$326.70	N/A	62%
Preschooler (4 years) Center care	\$48.87 (day)	\$244.35	N/A	86%
School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer.)	\$36.06 (day)	\$180.31	N/A	95%
Infant (6 months) Family Child Care	\$50.46 (day)	\$252.30	N/A	112%
Toddler (18 months)	\$50.46 (day)	\$252.30	N/A	112%

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
Family Child Care				
Preschooler (4 years) Family Child Care	\$30.84 (day)	\$154.20	N/A	69%

School-age child (6 years)	\$28.00 (day)	\$140.00	N/A	104%
Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)				

c. b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? Rates were calculated by multiplying by 5 the current daily rates set in DCMR 5-A203.2. These are the rates for a child development facility at the “developing” level, which is the lowest rating in the District’s tiered QRIS. During the public health emergency, OSSE has implemented a public health emergency rate that increases daily per-child subsidy rates paid to child development facilities participating in the District’s child care subsidy program by a fixed percentage calculated under a formula established in DCMR 5-A203.13-17. This temporary increase in subsidy payment rates, which will remain in effect through the duration of the public health emergency, is not reflected in the rates above. Describe how the

Lead Agency defines and calculates part-time and full-time care. Full Time Traditional: between 6 and 11 hours of care Part Time Traditional: less than 6 hours of care.

- d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). Oct. 1, 2018
- e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above. N/A - the District of Columbia has only one geographic area
- f. Provide the citation, or link, if available, to the payment rates Click 5A DCMR § 203.13 – 203.17 (<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?DownloadFile={2A4233A2-F084-4DA1-941E-2A0CE09F5A01}>)
- g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). N/A - the Lead Agency sets the rates for the entire state

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

- a. Geographic area. Describe:
- b. Type of provider. Child care provider payment rates are differentiated by home or center, or relative and in-home care. Describe:
- c. Age of child. Child care provider payment rates are differentiated by the age of the child: infant and toddler (6 weeks to 2 years 11 months), pre-school (ages 3 and 4) and school age (age 5 through 12 years 11 months). Describe:
- d. Quality level. Describe: Child care provider payment rates are differentiated by the quality tier designation assigned in the Capital Quality QRIS program (e.g. Preliminary,

Developing, Progressing, Quality, High-Quality).

- e. Other. Describe: Payment rates are also differentiated by the amount of time a provider cares for a child (part-time, full-time, extended day, or nontraditional) as well as for children with special needs.

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

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

- No
- Yes, If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.
  - a. Tiered or differential rates are not implemented.
  - b. Differential rate for non-traditional hours. Describe:
  - c. Differential rate for children with special needs, as defined by the state/territory.  
Describe:
  - d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
  - e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
  - f. Differential rate for higher quality, as defined by the state/territory.  
Describe:
  - g. Other differential rates or tiered rates. Describe: Child development facilities that participate in the QIN receive an enhanced reimbursement rate reflecting QIN participation.

**4.3.4** Establishment of adequate payment rates.

- a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in

future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The current rates were established using information from the FY18 D.C. Cost Estimation Model analysis, which calculated the cost of delivering care in different settings, to children of different ages, and estimated the average cost of care at the varying levels of quality in both centers and homes. This information informed setting of rates to fully cover the average cost of care for each Capital Quality designation and enable child care providers to meet health, safety, quality, and staffing requirements at all four Capital Quality (QRIS) designations.

As described in response to question 4.2, the Lead Agency has completed the ACF-approved alternative methodology for the FY2022-24 plan. Child Care Subsidy Reimbursement rates are set in regulation, and thus updating them requires regulatory updates. The Lead Agency is in the process of promulgating regulations to set new subsidy reimbursement rates that are informed by that methodology, to be effective Oct. 1, 2021. The Lead Agency is using estimates generated from the most recent, updated, and ACF-approved cost estimation model to set base payment rates that reflect the average per child cost to deliver care and are adequate and enable child care providers to meet health, safety, quality and staffing requirements at all four Capital Quality (QRIS) designations.

b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsidies.

Current subsidy reimbursement rates established in DCMR 5-A (§203) were set in 2018, following completion of the alternative methodology conducted to inform rate-setting for the District's 2019-2021 CCDF Plan. OSSE used the D.C. Cost Estimation model to calculate the cost to deliver care under a variety of scenarios that varied in terms of number and ages of children served, provider quality level, provider type, and provider participation in various programs. To inform the current subsidy reimbursement rates, OSSE calculated the average cost of care for a representative program at each quality designation, not including participation in any additional programs. OSSE set the infant-toddler rate for each quality designation tier to match the average cost of care calculated in this way for each quality designation tier, and adjusted other rates proportionate to the new infant-toddler rates.

In December 2020, OSSE promulgated emergency and proposed regulations (DCMR 5-A §203.13-17) establishing a public health emergency rate that increases daily per-child subsidy rates by a fixed percentage calculated under a formula established in DCMR 5-A §203.13-17. OSSE initiated the public health emergency rate following an analysis of the impact of the public health emergency on child care providers' costs to deliver care, as analyzed using the D.C. Cost Estimation Model. This analysis found that group size limitations imposed by health and safety guidance as well as increased costs for cleaning and supplies, significantly increased child development facilities' costs to deliver care. The formula created in the public health

emergency regulations is designed to increase daily subsidy payment rates in proportion to the reduction in children's attendance in care due to the public health emergency. This temporary increase in subsidy payment rates will remain in effect through the duration of the public health emergency, until at least 30 days and no more than 90 day after the expiration of the public health emergency.

OSSE is currently preparing to propose changes to DCMR 5-A (203) in order to update the subsidy rates set in DCMR 5-A (203.2-7 and 203.10) to reflect increased costs in response to the findings of the alternative methodology and additional required updates (e.g. updated sliding fee scales and the recognition of Juneteenth as Federal holiday). OSSE does not anticipate changes to the public health emergency rate in these proposed regulatory changes, because under the existing regulations it will terminate naturally following the end of the public health emergency, and has proven to be a useful tool to stabilize child care provider revenues should a future public health emergency affect child care provider operations and enrollment.

**4.3.5** Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

As described in response to question 4.2.4, OSSE used the D.C. Cost Estimation Model to calculate the cost of care for a variety of scenarios including scenarios that reflect each of the District's Capital Quality designations (developing, progressing, quality, and high-quality) as well as participation in various quality improvement programs (the QIN, PKEEP). Each scenario accounts for the differences in personnel costs, administrative staff full-time equivalents and other relevant inputs needed to deliver care at each level of quality. At each Capital Quality designation, the reimbursement rate for full-day traditional infant-toddler care is set to match the estimated average per-child cost of care for a representative child development facility and other rates are adjusted proportionately.

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

OSSE establishes subsidy reimbursement rates based on a variety of factors, including the cost of care as estimated using the alternative methodology, previous child care subsidy payment rates, relative demand and supply or shortages for different types of care, considerations of equity across provider types and quality levels and the resources available to the District for child care subsidies.

In December 2020, OSSE promulgated regulations (DCMR 5-A203.13-17) establishing a public health emergency rate that increases daily per-child subsidy rates by a fixed percentage calculated under a formula established in DCMR 5-A203.13-17. OSSE initiated the public health emergency rate following an analysis of the impact of the public health emergency on child care providers' costs to deliver care, as analyzed using the D.C. Cost Estimation Model. This

analysis found that group size limitations imposed by health and safety guidance as well as increased costs for cleaning and supplies, significantly increased child development facilities' costs to deliver care. The formula created in the public health emergency regulations is designed to increase daily subsidy payment rates in proportion to the reduction in children's attendance in care due to the public health emergency. This temporary increase in subsidy payment rates will remain in effect through the duration of the public health emergency, until at least 30 days and no more than 90 day after the expiration of the public health emergency. Because the public health emergency rate is established in regulations, it will go into effect in the future to stabilize provider payments any time a public health emergency is declared that affects operations, enrollment, and/or attendance in child development facilities.

#### 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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

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

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

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

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

- i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.
  - ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure. Invoices are due by the fifth business day of the month for services rendered the previous month and payments are issued the last week of the month (approximately 10-15 days between receipt of invoice and issued payment).
- b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:
- I. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure..
  - ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure..
  - iii. Providing full payment if a child is absent for 5 or fewer days in a month. Describe the policy or procedure.
  - iv. **Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.** OSSE pays the full monthly rate, based on enrollment, for children who attend child care in a month and are absent 10 or fewer days (or 15 days if the absence is excused). For children who are absent more than 10 days in a given month (or 15 days if the absences is excused) OSSE pays for up to 10 days of absences (or 15 days if the absence is excused) as well as any days that the child was in attendance. No documentation is required to support the unexcused absences. Excused absences must be accompanied by a doctor's note or other valid documentation submitted with the invoice. OSSE allows documented COVID-related absences (including due to isolation or quarantine) to be counted as excused. OSSE's Child Care Subsidy Guidance dated February 19, 2021 describes the documentation required for COVID-related absences. This policy is more generous than providing full payment if a child is absent for 5 or fewer days in a month or 85 percent of the authorized time. In a typical month, which has 21-23 business days (not accounting for holidays for which providers are approved to close with pay), a provider would receive full payment if a child attended 52-56 percent of the time. In addition, child care providers receive payment for at least 10 days (or at least 43 percent of full payment) whether or not a child attends at all in a given month. Thus the Lead Agencies policies provide more support for the fixed costs of care than alternatives offered in CCDF regulations. In order to ensure that payments are made only for children who are genuinely enrolled in care, OSSE discontinues payment to providers once a child has not attended child care at all in the past 60 days the program was open and serving children. In this case, providers must terminate the child's enrollment from the program, but cessation of payment due to non-attendance will not affect the child's subsidy eligibility: if the child re-enrolls or resumes attending at the same provider or another provider participating in the subsidy program, OSSE will resume payment to the provider on behalf of the child. roviders must make at least two attempts to contact the parent/family of a non-attending child before terminating the child from the program. Procedures for terminating enrollment due to non-attendance are outlined in OSSE's Frequently Asked Questions Supporting Subsidized Child Care Attendance and Payment:



[https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/COVID%20Attendance%20FAQs%20Updated%20March%202021.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/COVID%20Attendance%20FAQs%20Updated%20March%202021.pdf).

- c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).
  - i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). Children are assigned to full-time or part-time traditional, extended day, or non-traditional services, depending on need for care. Hours are as follows: Full Time Traditional: between 6 and 11 hours of care Part Time Traditional: less than 6 hours of care.
  - ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. Child development providers are only able to charge parents the co-payment established by the lead agency and any late fees incurred by parents/guardians who do not pick their children up on time. The provider is not allowed to collect any other fees from the parent/guardian, and collection of fees will result in the termination of the subsidized child care agreement. Since Oct. 1, 2018, OSSE has paid a \$75 initial registration fee for children receiving subsidies to reflect the payment policies and practices of non-CCDF providers.
- d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe: All child development facilities who participate in the subsidized child care program sign an annual agreement. The agreement details the following: general requirements for the provision of care and financial management requirements; attendance reporting and payment policies; reimbursement rates; sliding fee scale for parent co-payments; payment reconciliation and error reporting process for incorrect payments received; QRIS requirements; and dispute-resolution process.
- e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe: DHS conducts subsidized child care eligibility on behalf of the lead agency. DHS notifies the providers of a family's eligibility status, such as when a family's child care services are terminated at the 12-month re-determination period.
- f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: The Provider Agreement for Subsidized Child Care Services details the policies and procedures for dispute resolution and appeals. If informal dispute resolution attempts are unsuccessful, providers are able to submit a written statement and the Assistant Superintendent of Early Learning will render a decision within 30 days. The provider may appeal the decision within 15 days. The Superintendent has 30 days to reconsider and render a new decision.
- g. Other. Describe:.

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

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

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers. OSSE pays the full monthly rate, based on enrollment, for children who attend child care in a month and are absent 10 or fewer days (or 15 days if the absence is excused). For children who are absent more than 10 days in a given month (or 15 days if the absences is excused) OSSE pays for up to 10 days of absences (or 15 days if the absence is excused) as well as any days that the child was in attendance. This policy is created to cover providers' fixed costs to deliver care and support equal access to a full range of providers, while also creating an incentive for providers to take steps to prevent or respond to chronic absenteeism, which prevents children from accessing care. OSSE has reduced barriers to provider participation by ensuring on-time and consistent payments to child care providers and pays a \$75 initial registration fee for each subsidy eligible child to reflect the practices of private pay providers. OSSE is exploring alternative payment practices, such as grants or contracts for subsidized slots, as additional options to support equal access to a full range of providers, particularly for children with special needs.

#### 4.5 Establish Affordable Co-Payments

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

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

- a. Limit the maximum co-payment per family. Describe: The co-payment is applied only to the 2 youngest children receiving subsidy and does not exceed 7 percent of a family's income. The co-payment is only applied to family incomes above 100 percent of FPL.
- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.
- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe:.
- d. Other. Describe:.

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

- No
- Yes. If yes:

- i. Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families..
- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.
- iii. Describe the Lead Agency’s analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.

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

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

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

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

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

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

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

## 5.1 Licensing Requirements

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

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

- a. Center-based child care.
  - i. Identify the providers subject to licensing:

D.C. Code § 7-2036 OSSE, with authority to set forth and enforce all licensing requirements for child development facilities, which include center-based care. The licensing requirements are set forth in 5-A DCMR. A licensed "child development facility" is any person or persons, or entity or organization, whether organized formally or informally that provides care, education, and other services, supervision, and guidance for more than 2 infants, toddlers, and children that are not related, on a regular basis. "Child development facility" or "facility" includes "child development home," "expanded child development home," "out-of-school-time (OST) Program," and "child development center." A "child development center" or "center" means a Child Development Facility located in premises other than a dwelling occupied by the operator of the Facility that serves more than 12 children.

- ii. Describe the licensing requirements:

The licensing requirements that govern center-based care include basic requirements for all licensees. These include requirements for supervision, ratio and group size requirements; the health and safety standards for a child development facility's premise, including the supplies, equipment and environmental health; requirements for administration and operation; staff members' suitability for employment in a child development facility, including criminal background checks, traffic record checks, drug and alcohol testing provisions and health and safety training requirements; requirements for program activities that promote healthy development and basic health standards that must be in place to protect children, no matter what type of facility they attend. Child development centers must meet the all the requirements for all licensed child development facilities. In addition, licensed child development centers must meet the additional requirements specific to child development centers, including staff qualification requirements.

iii. Provide the citation:

5-A DCMR §§ 100 and 199

5-A DCMR §§ 118-121

5-A DCMR §§ 122-126

5-A DCMR §§ 127-131

5-A DCMR §§ 132-139

5-A DCMR §§ 140-141

5-A DCMR §§ 142-161

5-A DCMR §§ 162-166

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

i. Identify the providers subject to licensing:

In the District, family child care is care provided in a "child development home" or "expanded home." D.C. Code § 7-2036 provides a child development home means a private residence which provides a child development program for children. A child development home provides child care for up to a total of 6 children. Expanded child development home means a child development home in which child care is provided by 2 or more caregivers for up to 12 children.

ii. Describe the licensing requirements:

OSSE has authority to set forth and enforce all licensing requirements for child development facilities, which include care provided in a child development home or expanded home.

The licensing requirements that govern care provided in a "child development home" or "expanded home" set forth standards for the basic requirements for all licensees, including requirements for supervision, ratio and group size requirements; the health and safety standards for a child development facility's premise, including the supplies, equipment and environmental health; requirements for administration and operation; staff members' suitability for employment in a child development facility, including criminal background checks, traffic record checks, drug and alcohol testing provisions, and health and safety training requirements; requirements for program activities that promote healthy development; and basic health standards that must be in place to protect children, no matter what type of facility they attend. Child Development Homes must meet the all the requirements for all licensed child development facilities. In addition, licensed homes must meet additional requirements specific to child development homes, including staff qualifications requirements.

iii. Provide the citation:

5-A DCMR §§ 100 and 199

5-A DCMR §§ 118-121

5-A DCMR §§ 122-126  
5-A DCMR §§ 127-131  
5-A DCMR §§ 132-139  
5-A DCMR §§ 140-141  
5-A DCMR §§ 142-161  
5-A DCMR §§ 162-166  
5-A DCMR §§ 167- 171

- c. In-home care (care in the child’s own) (if applicable):
  - i. Identify the providers subject to licensing: 5-A DCMR § 101.5 sets forth the services and activities exempted from obtaining a license to operate a child development facility. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code, including care provided in a child’s home by a caregiver paid for by a child’s family.
  - ii. Describe the licensing requirements:  
N/A
  - iii. Provide the citation:

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

- a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.
  - i. N/A Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:
  - ii. Provide the citation to this policy: N/A
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.  
N/A
- b. License-exempt family child care. Describe and provide the citation by answering the questions below.
  - i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption N/A
  - ii. Provide the citation to this policy: N/A

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**
- c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.
  - i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**
  - ii. Provide the citation to this policy: **N/A**

Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

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

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

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

- a. Infant. Describe: Birth to 12 months
- b. Toddler. Describe: 12to36 months
- c. Preschool. Describe: 36 to60 months but younger than school-age
- d. School-Age. Describe: Between 5 years and 18 years of age on or before Sept. 30 of the current school year

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

- a. Licensed CCDF center-based care:
  - i. Infant
    - A. Ratio: 1:4
    - B. Group size: 8
  - ii. Toddler
    - A. Ratio:
      - 12 to24 months ratio of 1:4
      - 24 to30 months ratio of 1:4

30 to 36 months ratio of 1:8

B. Group size:

12 to 24 months group size of 8

24 to 30 months group size of 12

30 to 36 months group size of 16

iii. Preschool

A. Ratio:

36 to 48 months ratio of 1:8

48 to 60 months ratio of 1:10

B. Group size:

36 to 48 months group size of 16

48 to 60 months group size of 20

iv. School-Age

A. Ratio:

Under 6 years ratio of 1:12

6 years and older ratio of 1:15

B. Group size:

Under 6 years group size of 24

6 years and older group size of 30

v. Mixed-Age Groups (if applicable)

A. Ratio: When children of different ages are combined in one group, the adult-to-child ratio for the youngest child shall apply

B. Group size: When children of different ages are combined in one group, the adult-to-child ratio for the youngest child shall apply

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

The District does not exempt any child care centers.

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio: 5-A DCMR § 121.3(c) outlines the adult to child ratio and maximum number of children allowed in a child development home and expanded home serving infants, toddlers, and /or preschoolers and providing out of school time care to school age children. The ratio requirements depend on the number of children in care and the ages of those children. See 5-A DCMR § 121.3(c). When children of different ages are combined in one group, the adult-to-child ratio for the youngest child shall apply.



Category 1; Adult-to-Child Ratio is 1:6 when there is 1 child under 2 years of age and 1 to 11 children over 2 years of age (Maximum number of children is 12, with at least 2 caregivers)

Category 2: Adult-to-Child Ratio is 1:6 when there are 2 children under 2 years of age and 1 to 4 children over 2 years of age (Maximum number of children is 6)

Category 3: Adult-to-Child Ratio is 1:3 (with at least 2 caregivers) when there are 3 children under 2 years of age and 1 to 6 children over 2 years of age (Maximum number of children is 9, (with at least 2 caregivers) )

Category 4: Adult-to-Child Ratio is 1: 3 (with at least 2 caregivers) when there are 4 children under 2 years of age and 1 to 8 children over 2 years of age (Maximum number of children is 12, (with at least 2 caregivers) )

Category 5: Adult-to-Child Ratio is 1:3 when there are 5 children under 2 years of age and 1 to 4 children over 2 years of age (Maximum number of children is 9, (with at least 3 caregivers) )

Category 6: Adult-to-Child Ratio is 1:3 when there are 6 children under 2 years of age and 1 to 3 children over 2 years of age (Maximum number of children is 9, (with at least 3 caregivers) )

**B. Group size:**

A Child Development Home may be licensed to provide care for up to 6 children so the maximum group size is 6. The total number of 6 children in the care of a Child Development Home shall not include those of the caregiver who are 6 years or older; provided, that the total number of children of the caregiver between the ages of 6 and 15 years shall not exceed 3, and of those 3 children, no more than 2 shall be age 10 years or younger. The restrictions on the number of children that may be cared for in a child development home include care given to a child by a caregiver related to the child.

A Child Development Expanded Home has a maximum group size of 9-12 depending on the number of children in care and the ages of those children. An Expanded Home may provide care for more than 2 children who are non- ambulatory or under 2 years of age, provided that the number of such children does not exceed the following: (a) 4 children, if there are 2 or more Caregivers present; or (b) 6 children, if there are 3 or more Caregivers present. See [5-A DCMR § 121.](#)

ii. Infant (if applicable)

A. Ratio:

B. Group size:

iii. Toddler (if applicable)

- A. Ratio:
- B. Group size:

- iv. Preschool (if applicable)
  - A. Ratio:Group size:

- v. School-Age (if applicable)
  - A. Ratio:

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Group size:

- vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

The District does not exempt any family child care homes, unless the home is the home of the child and it is considered in-home care or the home of a relative and it is considered relative care.

- c. Licensed in-home care (care in the child's own home):

- i. Mixed-Age Groups (if applicable)

- A. Ratio: N/A
- B. Group size: N/A

- ii. Infant (if applicable)

- A. Ratio: N/A
- B. Group size: N/A

- iii. Toddler (if applicable)

- A. Ratio: N/A
- B. Group size: N/A

- iv. Preschool (if applicable)

- A. Ratio: N/A
- B. Group size: N/A

- v. School-Age (if applicable)

- A. Ratio: N/A
- B. Group size: N/A

- vi. Describe the ratio and group size requirements for license-exempt in-home care.

In the District of Columbia, license-exempt in-home CCDF providers are authorized to provide care for a total of five children. Of these 5 children (the maximum number allowed), 2 can be children of the in-home caregiver. Of the 5 children, the in-home

care provider can serve no more than two infants (children under the age of two) and up to two preschool-age children (those between the ages of 2 and 4).

The District allows one exception for the maximum number of five children if the in-home caregiver provides after school care for school age children (between the ages of 5 and 12). If an in-home caregiver exercises this exception, the caregiver must have an additional adult provider on site during the after-school hours.

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

#### a. Licensed Center-Based Care

- i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

D.C. Code § 7-2036 provides OSSE, with authority to set forth and enforce the minimum standards for teacher/caregiver qualifications in licensed centers, which are set forth in 5-A DCMR § 165.1

A Teacher in a Child Development Center shall be at least 18 years of age and shall either:

(a) Have earned an associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in early childhood education, early childhood development, child and family studies, or a closely related field;

(b) Have earned an associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in a field other than early childhood education, early childhood development, or child and family studies, earned at least 24 semester credit hours, or its recognized equivalent, from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation in early childhood education, early childhood development, child and family studies, or a closely related field, and have at least 1 year of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction;

(c) Have earned at least 48 semester credit hours, or its recognized equivalent, from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, of which 15 semester hours, or its recognized equivalent, shall be in early childhood education, early childhood development, or child and family studies, and has at least at least 2 years of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; provided that he or she earns an associate's degree as described in (a) or (b) by December 2, 2023;

(d) Have earned a high school diploma or its equivalent and a current Child Development Associate (CDA) credential, which specifies that the individual is qualified for the assigned age classification; provided that he or she earns an associate's degree in compliance with (a) or (b) by December 2, 2023; or

(e) For a Montessori school teacher, have earned an associate's degree from an

institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, and a Montessori certificate issued by the National Center for Montessori Education, American Montessori Society, or the Association Montessori International, or a program accredited by the Montessori Accreditation Commission for Teacher Education.)

D.C. Code § 7-2036 provides OSSE with authority to set forth and enforce the minimum standards for teacher/caregiver qualifications in licensed centers, which are set forth in 5-A DCMR §§ 165.1 and 174.1.

Out-of-School-Time Program - Group Leader Qualification

A Group Leader, whose sole responsibility is to supervise an out-of-school-time program group, shall be at least 18 years of age and shall either:

(a) Have earned an associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in education or child and youth development;

(b) Have earned at least 48 semester credit hours, or its recognized equivalent, from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, of which at least nine (9) semester credit hours, or its recognized equivalent, shall be in child and youth development, and have at least 6 months of supervised occupational experience working with school age children under the age of fifteen

(15) years at a duly authorized school or camp, a licensed Child Development Center, or the equivalent;

(c) Have earned a high school diploma or its equivalent, and have at least 1 year of supervised occupational experience working with school age children under the age of 15 years at a duly authorized school or camp, a licensed Child Development Center, or the equivalent.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

D.C. Code § 7-2036 OSSE, with authority to set forth and enforce the minimum standards for director qualifications in licensed centers, which are set forth in 5-A DCMR §§ 164.1 and 173.3.

A Director of a Child Development Center shall either:

(a) Have earned a bachelor's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with at least 15 semester credit hours, or its recognized equivalent, in early childhood development, early childhood education, elementary education, or early special education and at least 1 year supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction;

(b) Have earned an associate's degree from an institution accredited by an agency

recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in early childhood education or early childhood development, and has at least 3 years supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; and provided that he or she earns a bachelor's or more advanced degree as described in Subsection 164.1(a) within 6 years of the effective date of this chapter; or

(c) Have earned at least 48 credit hours from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with at least 15 semester credit hours, or its recognized equivalent, in early childhood education or early childhood development, and have at least 4 years of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; and be employed as a qualified Center Director in a licensed Child Development Center in the District of Columbia on the effective date of these regulations, provided that the Center Director achieves compliance with (a) or (b) within no more than 6 years following the effective date of these regulations; or

(d) For a Montessori School Director, earned a Montessori certificate issued by a program accredited by the Montessori Accreditation Commission for Teacher Education, National Center for Montessori Education, American Montessori Society, or the Association Montessori International, and have at least 3 years of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction.

#### 5-A DCMR § 173.3 Out-Of-School-Time Program - Center Director

A Center Director for a Child Development Center that only provides out-of-school-time care shall be at least 18 years of age and shall either:

(a) Have earned a bachelor's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in education, child and positive youth development, or early special education;

(b) Have earned a bachelor's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, and have at least 1 year of supervised occupational experience working with school age children under the age of 15 years in a duly authorized school or camp, a licensed Child Development Center, or the equivalent; or

(c) Have earned an associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in education or child and positive youth development, and have at least 1 year of supervised occupational experience working with school age children under the age of 15 years in a duly authorized school or camp, a licensed Child Development Center, or the equivalent.)

*iii.* If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers: **N/A**

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

- <https://www.dcregs.dc.gov/Common/DCMR/RuleDetail.aspx?RuleId=R0035422>
- <https://www.dcregs.dc.gov/Common/DCMR/RuleDetail.aspx?RuleId=R0020822>

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

D.C. Code § 7-2036 provides OSSE with authority to set forth and enforce the minimum standards for qualifications of teacher/caregivers in licensed family care, which are set forth in 5-A DCMR §§ 168.1 and 170.2.

5-A DCMR §§ 168.1 - Child Development Home Caregiver

A Child Development Home Caregiver shall be at least 18 years of age and shall:

(a) Have earned a high school diploma or its equivalent; and shall earn a Child Development Associate (CDA) credential by Dec. 2, 2023;

(b) Attend at least 4 child development-related training courses, approved by the District of Columbia Government, per year, for a total of at least 12 hours of professional development annually; and

(c) Successfully complete all health and safety training requirements set forth in this chapter.

5-A DCMR § 170.2: Expanded Home Caregiver

An Expanded Home Caregiver shall be at least 18 years of age and shall:

(a) Have earned at least one of the following:

(1) An associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in early childhood education, early childhood development, child and family studies or a closely related field; or

(2) A high school diploma or its equivalent, and a current Child Development Associate (CDA) credential; provided that he or she earns an associate's or more advanced degree as described in Subsection 170.2(a)(1) by Dec. 2, 2023.

(b) Have successfully completed one of the following:

(1) At least 1 year of operating as the Caregiver in a licensed District of Columbia Child Development Home or its equivalent in another jurisdiction; or

(2) At least 1 year of supervised occupational experience in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director or Teacher.

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes: **N/A**
- iii. If applicable, provide the website link detailing the family child care home provider qualifications:  
<https://www.dcregs.dc.gov/Common/DCMR/RuleDetail.aspx?RuleId=R0035425>
  - c. Regulated or registered In-home Care (care in the child’s own home by a non-relative)
    - i. Describe the qualifications for licensed in-home child care providers (care in the child’s own home) including any variations based on the ages of children in care:
    - ii. **N/A** If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:  
**N/A**

### 5.3 Health and Safety Standards and Training for CCDF Providers

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

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

Ongoing

training requirements will be addressed in 5.3.13.

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

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

Exemptions for relative providers’ standards and training requirements will be addressed in question 5.6.3.

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

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

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure the prevention and control of infectious diseases, including immunizations, OSSE has set forth the following requirements in the District's licensing regulations.

Overall, a licensed provider shall conform, to the extent practicable, to the National Health and Safety Performance Standards to ensure the safety and welfare of children and the cleanliness and sanitary conditions of the Facility, per 5-A DCMR § 142.2.

Section 151 of the licensing regulations sets forth the requirements for excluding both children and staff from the facility due to illness. A child who exhibits 1 or more symptoms of an illness must be isolated and parents contacted. After being treated for the symptom(s) by a licensed health care practitioner, the child may be readmitted to the Facility only with written permission, and written instructions for continuing care if needed, from a licensed health care practitioner.

Section 152 of the licensing regulations sets forth the requirements for required health examinations and immunizations. All facilities must have complete documentation of a comprehensive physical health examination, which shall include evidence of age appropriate health examinations or screenings and up-to-date immunizations, and, for each child three years of age or older, evidence of an oral health examination.

Additionally, facilities are required to obtain the Certificate of Immunization Compliance, issued by the DC Health, which certifies that the facility has reached the District's immunization compliance target of 98 percent for enrolled children and staff. Section 130 provides the recordkeeping requirements for a child enrolled at the facility. These records are necessary to protect the health and safety of children in care as operational control requires that information regarding each child in care be kept and made available on a need-to know basis. Section 131 requires a facility to maintain results of staff member's pre-employment physical examinations, annual physical examinations, and immunizations as they are necessary to ensure children's health and safety.

Licensing regulations also seek to prevent and control infectious diseases by setting forth requirements for: handwashing, specifically under what circumstances hand washing and hand sanitizing are required for staff, volunteers, and children and specific hand washing and hand sanitizing procedures, see 5-A DCMR § 143; diapering, specifically requiring maintaining a diaper changing area within arm's reach of a properly maintained a source of running water and soap that is not in the kitchen or eating area and procedures for soiled diapers, see 5-A DCMR § 145; water play, specifically prohibiting the use of bottles, cups and glasses during water table play because the presence of these items encourages children to drink from them and contamination of hands, toys, and equipment in the room in which play tables are located may play a role in the transmission of diseases, see 5-A DCMR § 157; the removal or covering of shoes prior to entering an infant play area to protect infants from hazardous toxins, see 5-A DCMR § 124.



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

Variations by category of care: In addition to all the requirements described above, a child development home must maintain, and provide to OSSE upon request, documentation establishing that each person living at the home that houses the Facility has, within the preceding 12 months, been examined by a licensed health care professional and certified by that professional to be free of communicable diseases. See 5-A DCMR 167.

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home careproviders are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. However, pursuant to §4-411, in-home providers must provide proof that the in-home caregiver was free of tuberculosis and other communicable diseases, along with anyone else living in the home or children in care, and is physically capable of caring for children.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health standards for the prevention and control of infectious diseases, which is established in 5-A DCMR § 142, 151, 152.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7- 2033, including in-home care. The rest of the services and activities are based on the statute's definition of a "child development facility" as one that provides care and other services for children on a regular basis.

#### b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7. This requires that all staff members who provide direct care for children must complete critical health and safety trainings in the prevention and control of infectious diseases, including immunization, as appropriate to the provider setting and the age of children served, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. However, pursuant to §4-411, in-home providers must provide proof that the in-home caregiver was free of tuberculosis and other communicable diseases, along with anyone else living in the home or children in care, and is physically capable of caring for children. Furthermore, through the provider agreement, license exempt in-home providers are required to comply with completing all required health and safety trainings and maintain first aid and CPR certifications.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

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

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety of methods, including standards and training related to prevention and control of infectious disease. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfillment.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

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

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure the prevention of sudden infant death syndrome and the use of safe-sleep practices, OSSE has set forth the following various requirements in the District's licensing regulations, as recommended by American Academy of Pediatrics.

**Sleeping Areas:** 5-A DCMR § 126 requires a licensee shall provide each enrolled child in a child development full-day program with an individual crib, cot, or bed, as developmentally appropriate, bedding is not shared and it must be clean and sanitary.

**Healthy Development:** 5-A DCMR § 143.7 requires that children enrolled are provided periods of rest, not to exceed 3 hours per day (unless nontraditional hours of care). Each child in a full-day program shall have specific times designated for rest each day.

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

**Variations by category of care:** In addition to all the requirements specific requirements for rest and sleep listed in 5-A DCMR§ 160.4, facilities that offer care during non-traditional hours or 24 hour care (which include homes and centers) shall comply with all applicable requirements in 5- A DCMR § 146.

**Variations by licensing status:** Pursuant to D.C. Code §§ 4-411 and 7-2033, in- home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

**Variations based on the age of the children in care**

Infants must be placed in the sleeping position recommended by the American Academy of Pediatrics, and all cribs must be free of toys, bumper pads, and other soft objects. If positioning devices are used, the device shall not be used to restrict the movement of an infant unless ordered by a physician or health care practitioner.

During non-traditional hours of care, children 5 years or older shall not share a sleeping room with an adult and no child under 7 years of age shall be placed on a top bunk if bunk beds are used by the facility.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the

standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that the Office of the State Superintendent of Education (OSSE) enforce and establish the minimum standards of operation for a child development facility concerning safety and health standards for the prevention of sudden infant death syndrome and use of safe sleep practices, which is established in 5-A DCMR § 146.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7- 2033, including in-home care. The rest of the services and activities are based on the statute's definition of a "child development facility" as one that provides care and other services for children on a regular basis. Annual unannounced visits to CCDF in-home providers are conducted by OSSE DEL ESMs to ensure compliance with the provider agreement.

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and safety training in prevention of sudden infant death syndrome and the use of safe-sleep practices, as appropriate to the provider setting and the age of children served, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7 which requires all staff members who provide direct care for children must complete critical health and safety training in prevention of sudden infant death syndrome and the use of safe-sleep practices, as appropriate to the provider setting and the age of children served, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

Licensed exempt: Through the provider agreement, license exempt in-home providers are required to complete all required CCDF health and safety trainings and maintain first aid and CPR certifications.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - Pre-Service
  - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - Yes
  - No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety of methods, including standards and training related to safe sleep practices and prevention of sudden infant death syndrome. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

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

- a. Standard(s)
  - i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure the proper administration of medication, consistent with standards for parental consent, OSSE has set forth the following requirements in the District's licensing regulations.

Section 153 of the licensing regulations sets forth requirements for the administration of medication, which prohibits a licensee from administering medication to a child in care, with the exception of emergency first aid, whether prescription or non-prescription, unless parental consent is given in writing, a licensed health care practitioner has approved, the individual administering the medication has completed an approved medication training program or the individual is a registered nurse, licensed practical nurse, or medication technician certified by the District of Columbia Board of Nursing to administer medication to children in care. This section also sets forth the requirements for the storage of medication in the facility, the maintenance of a medication log, self-administration of medication by a child.

Section 130 provides the recordkeeping requirements for a child enrolled at the facility. These records are necessary to protect the health and safety of children in care as operational control requires that information regarding each child in care be kept and made available on a need-to know basis.

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

There are no variations in the standard by category of care.

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

Variations based on the age of the children in care

School-age children: a child 7 years or older may administer his or her own medication (including inhaler for asthma or chronic illness) or treatment, under the direct supervision of a staff member, upon receipt of written parental consent for the child's self-administration from the child's parent(s) or guardian(s). See 5-A DCMR §172.7. and 172.8.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health standards for the administration of medication, which is mainly established in 5-A DCMR § 153.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7- 2033, including in-home care. The rest of the services and activities are based on the statute's definition of a "child development facility" as one that provides care

and other services for children on a regular basis. Annual unannounced visits to CCDF in-home providers are conducted by OSSE's DEL ESMs to ensure compliance with the provider agreement

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and safety training in administration of medication, consistent with standards for parental consent, as appropriate to the provider setting and the age of children served, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7, which requires all staff members who provide direct care for children must complete critical health and safety training in administration of medication, consistent with standards for parental consent, as appropriate to the age of children served, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

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

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

- iv. Does the state/territory require that this training topic be completed before

caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

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

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety of methods, including standards and training related to administration of medicine. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

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

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure the prevention and response to emergencies due to food and allergic reactions, OSSE has set forth the following requirements in the District's licensing regulations.

Section 154 of the licensing regulations set forth the requirements for the prevention of and response to emergencies due to food and allergic reactions. A licensee shall post all food allergy information near the entrance to each classroom. Facilities must also have a written care plan for each child with a food allergy prepared for the Facility by the child's parent(s), guardian(s), or licensed health care practitioner, which shall include a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. Based on the plan, staff must be trained to prevent exposure food to which the child is allergic, recognize the symptoms of an allergic reaction and treat an allergic reaction. Additionally, a licensee shall immediately notify the parent(s) or guardian(s) of any suspected



allergic reactions of an enrolled child, as well as the ingestion of or contact with the problem food even if a reaction did not occur.

Furthermore, facilities are required to maintain good air quality. The presence of dirt, moisture, and warmth encourages the growth of mold and other contaminants, which can trigger allergic reactions and asthma. See 5-A DCMR § 114.3.

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

There are no variations in the standards by category of care or age of the children in care.

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that the Office of the State Superintendent of Education (OSSE) enforce and establish the minimum standards of operation for a child development facility concerning safety and health standards for the prevention of and response to emergencies due to food and allergic reactions, which is mainly established in 5-A DCMR § 154.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7- 2033, including in-home care. The rest of the services and activities are based on the statute's definition of a "child development facility" as one that provides care and other services for children on a regular basis. Annual unannounced/announced visits to CCDF in-home providers are conducted by the OSSE's DEL ESMs to ensure compliance with the provider agreement.

#### b. Pre-Service and Ongoing Training

Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and safety training in prevention of and response to emergencies due to food and allergic reactions, prior to caring for children unsupervised; and participate in

annual professional development, including annual training that maintains and updates the health and safety standards.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7 and requires that all staff members who provide direct care for children must complete critical health and safety training in the prevention of and response to emergencies due to food and allergic reactions, as appropriate to the age of children served, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. However, through the provider agreement, license exempt in-home providers are required to complete all required CCDF health and safety trainings and maintain first aid and CPR certifications..

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

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

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

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

- Yes
- No

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

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety of methods, including standards and training related to prevention of and response to emergencies due to food and allergic reactions. DC's CCR&R agency sends monthly professional

development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

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

- a. Standard(s)
  - i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic, OSSE has set forth the following various requirements in the District's licensing regulations.

Overall, a licensed provider shall conform, to the extent practicable, to the National Health and Safety Performance Standards to ensure the safety and welfare of children and the cleanliness and sanitary conditions of the Facility, per 5-A DCMR § 142.2.

Sections 122 through 126 of the licensing regulations set forth the health and safety standards for a child development facility's premise. A licensee shall ensure that every building or part thereof that is used as a facility, is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by District and federal laws and regulations with written certification of compliance from the appropriate regulatory bodies governing zoning, building construction and safety, sanitation, and fire safety. Additionally, these sections detail various requirements that require identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic.

Licensing regulations also seek to ensure building and physical premises safety by setting forth requirements for: daily inspection of each outdoor play space because daily inspections of the outdoor play area are critical to ensuring children's safety, preventing deterioration of equipment and accumulation of hazardous materials within the play site, 5-A DCMR § 125.10; swimming and water play because circumstances surrounding drowning and water related

injuries of young children suggest that staffing requirements and environmental modifications may reduce the risk of this type of injury, see 5-A DCMR § 157.

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

Variations by category of care: Section 167 of the licensing regulations also provides additional requirements specific to child development homes, such as providing suitable outdoor play space and ensuring that licensed firearms are inaccessible to children cared for in the home, unloaded, and secured with an appropriate trigger locking device, and stored in a key-locked safe storage depository.

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

There are no variations based on the age of the children in care.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health standards for the building and physical premises, which is mainly established in 5-A DCMR §§ 122 through 126, as well as standards for swimming and water plan and transporting children established in 5-A DCMR §§ 157 and 158, respectively. 5-A DCMR §§ 139 establishes additional requirements for staff who will be transporting children in vehicles.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7-2033, including in-home care. The rest of the services and activities are based on the statute's definition of a "child development facility" as one that provides care and other services for children on a regular basis. Annual unannounced/announced visits to CCDF in-home providers are conducted by OSSE's DEL ESMs to ensure compliance with the provider agreement. During the visit the EMS reviews a health and safety checklist with the provider to ensure there are no hazards in the home.

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and safety training on building and physical premises safety, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7 which requires all staff members who provide direct care for children must complete critical health and safety training in building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

However, through the provider agreement, license exempt CCDF in-home providers are required to comply with completing all required CCDF health and safety trainings and maintaining first aid and CPR certifications.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.  
 Pre-Service  
 Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety of methods, including standards and training related to building and physical premises safety. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities

have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

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

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure the prevention of shaken baby syndrome and abusive head trauma, OSSE has set forth the following various requirements in the District's licensing regulations.

Section 147 of the licensing regulations sets forth the requirements to prevent child abuse, which includes prevention of shaken baby syndrome and abusive head trauma, by prohibiting any staff, substitutes, volunteers, individual residing on the premises of the Facility, or any other individual connected with the facility from subjecting a child to abuse, neglect, mental injury, or injurious treatment. If any staff member is identified as responsible for alleged or actual child abuse or neglect, or alleged or actual risk to an enrolled child's health, safety, or welfare, the licensee shall immediately place that staff member on administrative leave or reassign the staff member to duties involving no contact with children until the investigation conducted by authorized District of Columbia government officials is complete and that investigation establishes that the staff member is not responsible for the alleged child abuse or neglect.

Sections 126.11 and 126.22 of the licensing regulations sets forth the requirement that prohibits riding wheeled equipment without protective head gear. To prevent head injury, children must wear helmets.

Additionally, licensee is required to set forth policies that describe the procedures for identifying and preventing shaken baby syndrome and abusive head trauma in infants, if applicable. 5-A DCMR § 127.

Further, a licensee is required to use positive methods of child guidance that meet the individual needs of each child and encourage self-control, self-direction, self-esteem, and cooperation. Staff members are prohibited from using any of the following methods for

discipline: physical harm, including but not limited to, punching, pinching, shaking, shoving, pushing, spanking, striking, kicking, biting, yanking, strangling, kneeling, poking, or plucking., see 5-A DCMR § 141.

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

There are no variations by category of care.

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

Variations based on the age of the children in care

Training requirements for prevention of shaken baby syndrome and abusive head trauma is required as applicable based on age of the children in care.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that the Office of the State Superintendent of Education (OSSE) enforce and establish the minimum standards of operation for a child development facility concerning safety and health standards for the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, which is mainly established in 5-A DCMR §§ 139 and 147; §§ 126 and 127 set forth additional requirements for identifying and preventing head trauma and § 141 establishes requirements for positive methods of child guidance, including the prohibition on certain types of discipline including those involving physical harm.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7-2033, including in-home care. The rest of the services and activities are based on the statute's definition of a "child development facility" as one that provides care and other services for children on a regular basis. License exempt providers are required to complete health and safety trainings, which includes a review of prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. Annual unannounced/announced visits to CCDF in-home providers are conducted by the OSSE's DEL ESMs to ensure compliance with the provider agreement. ESMs also verify annually whether license exempt providers have completed required training to satisfy this requirement.

#### b. Pre-Service and Ongoing Training

Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and safety training in the prevention of shaken baby syndrome and abusive head trauma, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7 which requires all staff members who provide direct care for children must complete critical health and safety training in the prevention of shaken baby syndrome and abusive head trauma, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. However, through the provider agreement, license exempt in-home providers are required to complete all required CCDF health and safety trainings and maintaining first aid and CPR certifications.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

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

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

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

- Yes
- No

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

The District ensures providers receive updated information and/or training regarding



health and safety standards and training requirements through a variety of methods, including standards and training related to prevention of shaken baby syndrome, abusive head trauma and child maltreatment. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- a. Standard(s)
  - i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure emergency preparedness and response planning for emergencies resulting from natural disaster, or man-caused event, OSSE has set forth the following various requirements in the District's licensing regulations.

Section 148 of the licensing regulations sets forth the requirements that the Licensee shall conduct practice emergency evacuation and disaster drills, in accordance with requirements set forth by the Fire and Emergency Medical Service Department (FEMSD). The drills shall include all groups of children and all staff, and shall be conducted at least twice a year, at varying times during the program day. In addition, a licensee shall maintain a complete log of all documented practice evacuation drills for at least 5 years. Additionally, the licensee shall also develop and maintain (annual update) an emergency and disaster response plan with established procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. All staff shall be trained annually on the emergency and disaster plan.

Additionally, all licensees are required to ensure that exits are clearly identified; free of all obstructions; and arranged or marked so the path to exit the building is visible and clear. 5-A DCMR § 122.2.

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

Variations by category of care: NA

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

Variations based on the age of the children in care:

Depending on whether the facility is located on, above or below street level, a licensee shall have a certain number of evacuation cribs for a certain number of non-ambulatory children to be used during emergency evacuations.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health standards for emergency preparedness and response planning for emergencies, which is established in 5-A DCMR § 148.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7-2033, including in-home care. The rest of the services and activities are based on the statute's definition of a child development facility as one that provides care and other services for children on a regular basis. Annual unannounced/announced visits to CCDF in-home providers are conducted by OSSE's DEL ESMs to ensure compliance with the provider agreement.

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and safety training in emergency preparedness and response planning for emergencies resulting from natural disaster, or man-caused event, prior to caring for children unsupervised; and participate in annual professional development, including annual

training that maintains and updates the health and safety standards.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7 and requires all staff members who provide direct care for children must complete critical health and safety training in emergency preparedness and response planning for emergencies resulting from natural disaster, or man-caused event, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. However, through the provider agreement, license exempt in-home providers are required to comply with fire standards, complete all required CCDF health and safety trainings.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - Pre-Service
  - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - Yes
  - No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety of methods, including standards and training related to emergency preparedness and response. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course

catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

To support licensees in meeting the Child Care and Development Block Grant (CCDBG) and OSSE licensing requirements for emergency preparedness and response planning for emergencies, OSSE contracted with Strategic Educational Consulting to conduct five training sessions in May and June of 2017. The training sessions allowed facility staff to work directly with expert to create the aforementioned emergency and disaster response plan. The training helped facilities outline staff roles in emergency situations, create signage and directions (to assist with evacuating the building or options for sheltering in place); specific steps for responding to various emergencies. The training also outlined fire prevention and maintenance procedures and other mitigation strategies to complete in advanced of an emergency or disaster. The District's CCR&R DC CCC also continues to support providers with creating new plans and updating existing plans.

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

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure proper handling and storage of hazardous materials and the appropriate disposal of biocontaminants, OSSE has set forth the following various requirements in the District's licensing regulations.

Overall, a licensed provider shall conform, to the extent practicable, to the National Health and Safety Performance Standards to ensure the safety and welfare of children and the cleanliness and sanitary conditions of the Facility, per 5-A DCMR § 142.2.

Section 149 of the licensing regulations sets forth the requirements that a licensee shall ensure that all cleaning and sanitizing supplies, toxic substances, paint, poisons, aerosol containers, and other items bearing warning labels are safely stored and are kept in a secure area, inaccessible to the children at all times. A licensee shall also ensure that the telephone number for the local Poison Control Center is posted in a location where it is readily available in an emergency situation

Licensing regulations also seek to ensure proper handling and storage of hazardous materials and the appropriate disposal of biocontaminants (which include blood, bodily fluids or excretions that may spread infectious disease): by setting forth requirements for: the physical premises where only smooth, nonporous surfaces shall be permitted in areas that are likely to be contaminated by body fluids including, without limitation, lavatories and toilets, and areas used for food preparation or consumption or diaper changing, see 5-A DCMR § 124.6; handwashing, specifically under what circumstances hand washing and hand sanitizing are required for staff (specifically required after handling or contact with body secretions, such as blood, urine, stool, mucus, saliva, or drainage from wounds), volunteers, and children and specific hand washing and hand sanitizing procedures, see 5-A DCMR § 143; diapering, specifically requiring maintaining a diaper changing area within arm's reach of a properly maintained a source of running water and soap that is not in the kitchen or eating area and procedures for soiled diapers, see 5-A DCMR § 145; water play, specifically prohibiting the use of bottles, cups and glasses during water table play because the presence of these items encourages children to drink from them, and contamination of hands, toys, and equipment in the room in which play tables are located may play a role in the transmission of diseases, see 5-A DCMR § 157; and storing breast milk and discarding unused breast milk, see 5-A DCMR § 156.2.

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

There are no variations in the standards by category of care.

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Through the provider agreement, license exempt in-home providers are still required to comply with annual health certifications, criminal background checks/suitability determinations, and maintain first aid and CPR certifications.

There are no variations based on the age of the children in care.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that the Office of the State Superintendent of Education (OSSE) enforce and establish the minimum standards of operation for a child development facility concerning handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, which is established in 5-A DCMR § 149.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt

from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7- 2033, including relative and in-home care. The rest of the services and activities are based on the statute's definition of a "child development facility" as one that provides care and other services for children on a regular basis. Annual unannounced/announced visits to CCDF in-home providers are conducted by OSSE's DEL ESMs to ensure compliance with the provider agreement.

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and safety training in proper handling and storage of hazardous materials and the appropriate disposal of biocontaminants, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7 which requires all staff members who provide direct care for children must complete critical health and safety training in proper handling and storage of hazardous materials and the appropriate disposal of biocontaminants, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

However, through the provider agreement, license exempt in-home providers are required to comply with completing all required CCDF health and safety trainings.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

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

Yes

No

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

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety of methods, including standards and training related to handling and disposal of hazardous materials and appropriate disposal of bio-contaminants. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

#### 5.3.9 Precautions in transporting children (if applicable).

##### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure the appropriate precautions in transporting children, if applicable, OSSE has set forth the following requirements in the District's licensing regulations.

Section 158 of the licensing regulations requires that a licensee that enters into contracts with other entities for the provision of transportation services, or rents, owns, operates, or maintains one or more motor vehicles used for transporting children shall comply with all applicable federal and District of Columbia laws and regulations governing the maintenance and operation of motor vehicles and the transportation of children. The licensee shall establish and implement policies and procedures intended to ensure the safe transportation of children, including traffic records check (5-A DCMR § 134), and policies and procedures for the training and monitoring of any person responsible for the

transportation of enrolled children. Additionally, the regulations set forth safeguards for children during transportation such as minimum adult-to-child ratios shall be maintained in vehicles, maintaining proof of vehicle insurance coverage, permission from parents, seat belt restraints, safe loading and unloading are, among other requirements.

Licensees shall maintain a transportable first aid kit for outings and when children are being transported (5-A DCMR § 150).

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

There are not variations in standards by category of care.

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

Variations based on the age of the children in care

Depending on the age of the child, each child transported in a motor vehicle while under the care of the Facility shall be properly restrained in an approved child safety restraint system or a seat belt.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning precautions in transporting children, which is established in 5-A DCMR § 158.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7- 2033, including relative and in-home care. The rest of the services and activities are based on the statute's definition of a child development facility as one that provides care and other services for children on a regular basis. Annual unannounced/announced visits to CCDF in-home providers are conducted by OSSE's DEL ESMs to ensure compliance with the provider agreement. However, through the provider agreement, license exempt in-home providers are required to complete all required CCDF health and safety trainings and maintain first aid and CPR certifications.

- b. Pre-Service and Ongoing Training

Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt providers. 5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and



safety training in appropriate precautions in transporting children, if applicable, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

Licensed: DC Code § 7-2036 provides OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7 which requires all staff members who provide direct care for children must complete critical health and safety training in appropriate precautions in transporting children, prior to caring for children unsupervised and transporting children; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

However, through the provider agreement, license exempt in-home providers are required to complete all required CCDF health and safety trainings and maintain first aid and CPR certifications.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

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

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

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

- Yes
- No

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

The District ensures providers receive updated information and/or training

regarding health and safety standards and training requirements through a variety of methods, including standards and training related to appropriate precautions in transporting children. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

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

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure first aid and CPR safeguards are in place, OSSE has set forth the following requirements in the District's licensing regulations.

Section 150 of the licensing regulations requires all staff members shall possess current and valid certification appropriate to the age of children served by the facility in first aid and CPR. Additionally, licensee shall have two staff members at the premises and readily available to administer first aid and CPR. Further, a quantity of first aid supplies sufficient to meet the facility's reasonably expected needs, based on the size of the facility, the ages and developmental abilities of the enrolled children, and the Facility's program of activities. A licensee shall maintain these supplies in a designated location that is readily available to staff and inaccessible to children.

Specifically, a licensee shall maintain one first aid kit with specific supplies for every 25 children. Licensees shall inspect and replenish the first aid kit and also maintain a transportable first aid kit for outings and when children are being transported (5-A DCMR § 100).

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

Variations by category of care: A child development home, serving no more than 6 children with no more than two being under the age of two, is required to have one, not 2, staff members available to administer first aid and CPR.

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. However, through the provider agreement, license exempt in-home providers are required to maintain first aid and CPR certifications.

#### Variations based on the age of the children in care

All staff members shall possess current and valid certification appropriate to the age of children served by the Facility in first aid and CPR. In other words, if an individual is caring for children of different ages, training in pediatric first-aid and CPR should include elements that take into account that practices differ for infants and older children.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that the OSSE enforce and establish the minimum standards of operation for a child development facility concerning first aid and CPR, which is established in 5-A DCMR § 150.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7- 2033, including in-home care. The rest of the services and activities are based on the statute's definition of a child development facility as one that provides care and other services for children on a regular basis. License exempt providers are required to have current first aid and CPR certification. License exempt providers provide a copy of the certification with their subsidy agreement renewal application each year to ensure that it is current. The program policy does not specify pediatric, but the providers generally secure the adult/child/baby certification. Annual unannounced/announced visits to in-home providers are conducted by OSSE's DEL ESMs to ensure compliance with the provider agreement.

#### b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and safety training in first aid and CPR safeguards, if applicable, prior to caring for children unsupervised; and participate in annual

professional development, including annual training that maintains and updates the health and safety standards.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7 which requires all staff members who provide direct care for children must complete critical health and safety training in pediatric first aid and CPR, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

- ii. License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. License exempt providers are required through the subsidy provider agreement to have current first aid and cpr certification. License exempt providers provide a copy of the certification with their subsidy agreement renewal application each year to ensure that it is current. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
- Pre-Service  
 Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
- Yes  
 No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety

of methods, including standards and training related to pediatric first aid and CPR. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

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

- a. Standard(s)
  - i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To ensure compliance with procedures for reporting child abuse and neglect, OSSE has set forth the following requirements in the District's licensing regulations.

Section 147 of the licensing regulations requires all staff immediately report, and to cooperate with officials investigating, alleged or actual child abuse or neglect, or alleged or actual risk to an enrolled child's health, safety, or welfare and that the licensee creates an encouraging and supportive environment where staff may report incidents involving alleged or actual child abuse, or neglect or alleged or actual risk to an enrolled child's health, safety, or welfare, without threat of retaliation, including termination of employment. A licensee must also require staff to immediately report, and to cooperate with officials investigating, alleged or actual child abuse or neglect, or alleged or actual risk to an enrolled child's health, safety, or welfare. Furthermore, the regulations require that any staff member who knows or has reasonable cause to suspect that an enrolled child is, has been, or is in immediate danger of being an abused or neglected child shall, as required by the District of Columbia Prevention of Child Abuse and Neglect Act of 1977, effective Sept. 23, 1977 (D.C. Law 2-22; D.C. Official Code §§ 4-1321.01 et seq.), make or cause to be made an immediate oral report to: the Child Protective Services Division of CFSA, via the CFSA twenty-four (24) hour Child Abuse and Neglect Hotline (202- 671-SAFE); and the Metropolitan Police Department. See 5-A DCMR § 128.5. This section details when an oral report should be followed up with a written report and what the written report should include. Furthermore, 5-A DCMR § 113 provides OSSE with the authority to revoke a license for failing to report suspected child abuse or neglect.

Additionally, section 128 provides that a licensee is required to notify the State Superintendent of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children by submitting a completed OSSE UIR form to OSSE's Child Care Complaint email address.

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

There are no variations in standards by category of care.

Variations by licensing status: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. However, through the provider agreement, license exempt in-home providers are required to comply with completing all required CCDF health and safety trainings and complete criminal background checks/suitability determination.

Variations based on the age of the children in care N/A

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning recognition and reporting of child abuse and neglect, which is mainly established in 5-A DCMR § 147.

License Exempt: 5-A DCMR § 101 provides the type of care services that are exempt from licensure. Some of the services and activities are specifically exempted from licensure in the D.C. Official Code § 7- 2033, including relative and in-home care. The rest of the services and activities are based on the statute's definition of a "child development facility" as one that provides care and other services for children on a regular basis. License exempt providers are required to complete health and safety training, which include recognizing and reporting child abuse and neglect. Annual unannounced/announced visits to CCDF in-home providers are conducted by OSSE's DEL ESMs to ensure compliance with the provider agreement, including completion of required health and safety trainings.

#### b. Pre-Service and Ongoing Training

Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers. 5-A DCMR § 139 requires that all staff members who provide direct care for children must complete critical health and safety training for reporting child abuse and neglect, prior to caring for children unsupervised; and

participate in annual professional development, including annual training that maintains and updates the health and safety standards. Child abuse and neglect training can be used to educate and establish child abuse and neglect prevention and recognition measures for children, parents, and caregivers so they are aware of common physical and emotional signs and symptoms of child maltreatment.

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.7 which requires all staff members who provide direct care for children must complete critical health and safety training in recognition and reporting of child abuse and neglect, prior to caring for children unsupervised; and participate in annual professional development, including annual training that maintains and updates the health and safety standards.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home and relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq.

However, through the provider agreement, license exempt in-home providers are required to complete all required CCDF health and safety trainings.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - Pre-Service
  - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - Yes
  - No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety of methods, including standards and training related to recognition and reporting of child abuse and neglect. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

- i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

All staff members who provide direct care for children must complete annual professional development that (1) Incorporates the knowledge and application of the District's early learning and developmental guidelines; (2) Promotes the social, emotional, physical, and cognitive development of children; and (3) Improves the knowledge and skills of directors, teachers, and caregivers in working with children and their families. These areas of training may occur any time during the year and are not preservice or orientation required trainings

Specifically, this professional development updates the employee's knowledge beyond the health and safety standards which may include:

- Developmentally appropriate programming for infants, toddlers, preschool, and/or school-age children, as applicable;
- Developmentally appropriate methods of positive behavior intervention and support;
- Inclusion of children with special needs, including the Americans with Disabilities Act and the Individuals with Disabilities Education Act; and
- Communication and collaboration with parents, guardians, and families;
- Community health and social services resources for children and families;
- Planning developmentally appropriate programs and activities for children and families;
- Enhancing self-regulation and self-esteem in children;



- Montessori curriculum, pedagogy, classroom management and other topics specific to the Montessori program, if applicable
- Basic or advanced business practices; and
- Any other area as determined by The Office of the State Superintendent of Education (OSSE).

Licensed: DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning safety and health training requirements, which is established in 5-A DCMR §139.8 which requires all staff members who provide direct care for children must complete annual professional development beyond the health and safety required trainings which may include other requirements such as nutrition, physical activities, caring for children with special needs.

License Exempt: Pursuant to D.C. Code §§ 4-411 and 7-2033, in-home care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR § 100 et seq. and thus this group of providers are not required to complete pre-service training in child development.

- ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license- exempt), or the age of the children in care?

There is no difference in training requirements based on category of care, licensing status, or the age of the children.

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

- Pre-Service  
 Orientation within 3 months of hire

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

- Yes  
 No

- v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

The District ensures providers receive updated information and/or training regarding health and safety standards and training requirements through a variety of methods, including standards and training related to child development. DC's CCR&R agency sends monthly professional development email notifications highlighting trainings for the month. All staff at licensed child development facilities have individual PDIS

accounts, through which they are able to access the PDIS course catalog, which provides information on new available courses and updated health and safety practices. OSSE publishes a professional development landscape on its website that lists at a minimum, the course title, description, trainer and core knowledge area along with the appropriate licensing regulation requirement fulfilled by a given training.

Additionally, as part of Capital Quality, Quality Facilitators (the District's quality implementation specialists), provide technical assistance to ensure compliance with child care regulations, including sharing updated information on health and safety standards. As appropriate, providers may also receive updated information regarding standards during the annual licensing and monitoring inspections, through which the District reviews providers' compliance with health and safety practices.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

- a. Licensed child care centers: 21
- b. License-exempt child care centers: N/A
- c. Licensed family child care homes:
  - Home Caregivers 12
  - Expanded Home Caregivers 15
- d. License-exempt family child care homes: N/A
- e. Regulated or registered In-home child care: 12
- f. Non-regulated or registered in-home child care:

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

iv. a. Nutrition:

OSSE has set forth the following various requirements in the District's licensing regulations.

Overall, a licensed provider that stores, prepares, handles, and serves food shall comply with, or ensure that any entity providing food complies with, the requirements consistent with the District of Columbia Food Code, Title 25-A DCMR, and shall obtain and maintain all certifications or licenses required under the applicable laws and regulations of the District, per 5-A DCMR §155.1.

Section 155 of the licensing regulations sets forth the requirements for planned daily menus and foods served by the facility. Daily menus and foods are to be varied, suitable to the ages and developmental levels of the children, and consistent with the meal pattern requirements and nutrition standards specified by the Child and Adult Care Food Program. Facilities must plan and publicly post menus for all foods served, including snacks, and shall modify the menus as necessary to reflect foods actually served. Menus are to be maintained at the facility's premises for at least three (3) years.

Additionally, all Facilities should have at least 1 staff member present at all times when meals are being prepared or served who is certified as a Food Protection Manager in accordance with the District of Columbia Food Code, 25-A DCMR. The staff member shall have a valid and current certification. Staff responsibilities concerning food preparation and service should also not reduce the adult-to-child ratios for staff actively supervising children or interfere with the implementation of the facility's program of activities.

Also, there should be no person is involved in food preparation or service, or otherwise works in the food preparation or service area, if that person shows signs or symptoms of illness, including vomiting, diarrhea, or uncovered infectious skin sores, or if that person is actually or probably infected with any bacterium or virus that can be carried in food.

Section 155 of the licensing regulations sets forth requirements for children with dietary restrictions and allergies. Facilities are to request and obtain, from a child's parent(s) or guardian(s) all relevant information regarding dietary restrictions and food allergies for that child upon the child's admission to the facility, and the facility shall record this information in the child's file. Furthermore, the Facility must request at least annually and if applicable obtain from a child's parent(s) or guardian(s) updated information regarding the child's dietary restrictions and food allergies. All staff responsible for food preparation and distribution are to be immediately informed, orally and in writing, of any dietary restrictions, food allergies, or other special dietary requirements of enrolled children at the Facility. The serving of a special therapeutic diet to a child is only upon written approval from the child's parent(s) or guardian(s), accompanied by written instructions from the child's licensed health care practitioner.

Section 155 of the licensing regulations sets forth requirements for the serving of food. Facilities are to provide and ensure that each child uses, at each meal or snack, clean and sanitary individual eating and drinking utensils. Reusable utensils shall be washed and sanitized after each use.

However, facilities that serve food provided by the parent(s) or guardian(s) shall:

(a) Establish and implement written policies and procedures to be followed if the food provided does not meet the requirements in this section; and

(b) Ensure that food provided by the parent(s) or guardian(s) shall not be co-mingled with food prepared at the Facility and may be stored in a separate refrigerator.

Facilities that provide powdered milk or reconstituted evaporated milk is not to be served as a substitute for fluid milk for drinking. However, facilities may use powdered milk or reconstituted evaporated milk for cooking.

Licensee shall make drinking water continuously available to all children and serve drinking water on demand.

Additionally, facilities are to ensure that appropriately timed meals and snacks, are consistent with the CACFP meet the nutritional requirements of the child served according to the following schedule, based on the number of hours a child is present at the Facility. If the child is present for:

(a) 2 to 4 hours, child receives 1 snack or one meal;

(b) 4 to 6 hours, child receives 1 meal and 1 snack or two meals;

(c) 7 to 11 hours, child receives 2 meals and 1 snack or 2 snacks and 1 meal, depending on the time of arrival of the child; and

(d) 12 hours or more, child receives 3 meals and 2 snacks.

b. Access to physical activity:

To ensure compliance with physical activity standards, OSSE has set forth the following various requirements in the District's licensing regulations.

All Facilities serving children in a full-day program shall ensure that each child, including infants, toddlers, and preschoolers, has a minimum of 2 hours of active playtime each day, including a minimum of 45 minutes of outdoor activity, weather permitting. During outdoor play, children shall be dressed appropriately for weather and temperature, per 5-A DCMR §143.

Facilities are required to provide 1 hour of structured active play and guided physical activity, and 1 hour of child-initiated unstructured physical activity. Children attending less than a full-day program are to be scheduled to participate in a proportionate amount of such physical activities. In inclement weather, Facilities should encourage and support active play in a safe indoor play area. Additionally, children shall not be engaged in sedentary activities or activities requiring them to sit passively for more than 60 minutes continuously, except during scheduled rest or nap time. Furthermore, Facilities should prohibit children less than 2 years of age from viewing television, videos, or other visual recordings, unless a supervising staff member directly interacts with the children during this viewing time. Facilities should limit viewing of television, videos, or other visual recordings to no more than 60 minutes total per day for children ages 2 and older. The only materials that may be viewed shall consist solely of developmentally appropriate educational programming or programs that actively engage child movement. A Licensee shall limit to a proportionate amount of any such viewing for children ages 2 and older attending less than a full-day program.

Restrictive infant equipment such as swings, stationary activity centers, infant seats, and molded seats, if used, shall only be used for a maximum of 30 minutes, twice a day. Facilities must ensure that safety straps are used and that infants are supervised when placed in equipment.

Facilities operating during non-traditional hours are to ensure that children enrolled are provided periods of rest, not to exceed 3 hours per day. The duration and scheduling of activities shall be appropriate in order to prevent fatigue and to meet the physical needs of the enrolled children at the Facility, taking into account the ages and developmental levels of the children. Each child in a full-day program shall have specific times designated for rest each day, per 5-A DCMR §160.

Annual professional development, beyond the health and safety standards, may include developmentally appropriate programming for infants, toddlers, preschool, and/or school-age children, as applicable, developmentally appropriate methods of positive behavior intervention and support, inclusion of children with special needs, including the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12101 *et seq.*, and the Individuals with Disabilities Education Act (IDEA), (Pub.L 101-476;

20 U.S.C. §§ 1400 *et seq.*); and community health and social services resources for children and families, planning developmentally appropriate programs and activities for children and families, enhancing self-regulation and self-esteem in children, Montessori curriculum, pedagogy, classroom management and other topics specific to the Montessori program, if applicable, and any other area as determined by OSSE.

c. Caring for children with special needs:

To ensure compliance with caring for children with special needs, OSSE has set forth the following various requirements in the District's licensing regulations.

Licensing regulations require Facilities to make reasonable efforts to determine if any child under its care is a child with a disability, as defined by the IDEA with an Individualized Family Service Plan (IFSP), and be aware of any obligations that the Licensee may have pursuant to the IFSP per 5-A DCMR §159. If a Facility is provided with a copy of the IFSP as a member of the IFSP team or if the child's parent has provided the IFSP or provided written consent to release the IFSP to the licensee, the licensee shall maintain a copy of the child's current IFSP on file at all times during the student's enrollment at the facility.

Facilities are to provide a child's IFSP service coordinator or service provider access to the facility in order to provide services pursuant to the child's IFSP. If the child's IFSP is implemented while in the care of the Licensee, the Facility must work with the child's IFSP service coordinator or service provider to develop a plan for incorporating the IFSP goals and strategies into the child's daily routine at the Facility.

When disclosing any information concerning a child with an IFSP plan to any person, including a licensed health care practitioner, who is not employed by the Facility, there must be compliance with privacy and disclosure requirements under Federal and local IDEA laws and regulations, including, but not limited to, any requirement to obtain written consent from the child's parent or guardian before making any disclosure.

All facilities must make reasonable efforts to determine if any child under its care is a child with any disability and be aware of its obligations to provide any accommodations required by law.

DCMR §159.7 set licensing regulation requirements that should be provided to each child with a disability. Each child with a disability is to be provided with developmentally appropriate toys and materials, developmentally appropriate play equipment which meets the requirements of the ADA, appropriate assistance and attention from staff members and volunteers and reasonable accommodations to enable the child to participate in all services and activities provided by the facility to children without a disability, including field trips.

Annual professional development, beyond the health and safety standards, may include developmentally appropriate programming for infants, toddlers, preschool, and/or school-age children, as applicable, developmentally appropriate methods of positive behavior intervention and support, inclusion of children with special needs, including the ADA and the IDEA; and community health and social services resources for children and families, planning developmentally appropriate programs and activities for children and families, enhancing self-regulation and self-esteem in children, Montessori curriculum, pedagogy, classroom management and other topics specific to the Montessori program, if applicable, and any other area as determined by OSSE.

per 5-A DCMR §139.8.

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

Annual professional development, beyond the health and safety standards, may include any other area as determined by OSSE, per 5A DCMR §139.8

## 5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

### 5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Standards** as described in Section 5.3.

Providers are subject to annual licensing and monitoring inspections that include inspection of the facility, materials, policies, staff records and children's records. Each licensee shall receive, at minimum, one annual announced monitoring visit and one annual unannounced inspection. Both monitoring visits and inspections include processes and procedures to ensure CCDF providers comply with the required Health and Safety Standards. The procedure to ensure compliance begins with receipt and review of an initial application. In the event that facilities are not in compliance with the standards, a deficiency is issued and the facility is given a 30 days to comply. Any noncompliance that poses a concern for to the health and safety of children must be addressed immediately through one of the other enforcement actions listed below (e.g. cease and desist, suspension of license, etc. as appropriate to the nature of the noncompliance).

As outlined in DCMR 5A Chapter 1, Section 112, a Child Development Facility licensed, required to be licensed, or applying for a license may be subject to any of the following enforcement actions by OSSE, or any other authorized government entity, when that agency or entity has jurisdiction, for violations of Federal or District of Columbia laws or regulations: (a) Denial of application for initial license; (b) Denial of application for renewal license; (c) Issuance of a restricted license; (d) Suspension of a license; (e) Revocation of a license; (f) Cease and desist order; (g) Civil fines; (h) Summary suspension; (i) Criminal prosecution; or (j) Injunction.

In-home care providers are subject to annual monitoring visits by ESMs to ensure the providers comply with the required Health and Safety Standards. The visits include an inspection of health records for the caregiver and child, training records, and additional documentation review.

- b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Training** as described in Section 5.3.

Providers are subject to annual licensing and monitoring that include inspection of the facility, materials, policies, staff records and children's records. These inspections include processes and procedures to ensure CCDF providers comply with the required Health and Safety Trainings. In 2016, the District's child development facility licensing regulations were updated to align and comply with the reauthorized CCDBG. During monitoring and inspection visits, staff training records are review for compliance with the pre-service and annual health and safety training requirements. The trainings are tracked in the PDIS. In the event that facilities are not in compliance with the standards, a deficiency is issued and the facility is given a 30 days to comply.

In-home care providers are subject to annual monitoring visits by ESMs to ensure the providers comply with the required health and safety trainings. The visits include an inspection of the caregiver training records and additional documentation review through the PDIS and Quorum.

- c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

To ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards , providers are subject to annual licensing and monitoring inspections that include inspection of the facility, materials, policies, staff records and children's records. OSSE has a MOU with the District's FEMS. Annually, FEMS conducts the fire inspection of all child development facilities. OSSE licensing inspections and monitoring visits include processes and procedures to ensure CCDF providers comply with all other applicable health, safety, and fire standards. In 2016, the District's child development facility licensing regulations were updated to align and comply with the reauthorized CCDBG.

In-home care providers are subject to annual monitoring visits by ESMs to ensure the providers comply with the required health, safety, and fire standards. The visits include an inspection of health records for the caregiver and child, training records, and additional documentation review.

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing

standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

- a. Licensed CCDF center-based child care
- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

An applicant for an initial license to operate a facility under this chapter shall initiate the application in the name of the person or persons or legal entity or entities with ownership interests and who are responsible for operation of the facility.

Prior to submitting an application for an initial license to operate a facility under this chapter, the applicant shall complete a child development facility licensing orientation facilitated by or on behalf of OSSE. If an applicant submits an application prior to completing the required orientation, OSSE may suspend processing the application until this requirement is met. An applicant for an initial license to operate a facility under this chapter shall submit a complete application to OSSE.

Upon receipt of a complete application for an initial license, and prior to the issuance of the license, OSSE shall review the application and conduct an on-site inspection to determine whether the facility is in compliance with the requirements in this chapter. For example, during on-site inspection (which can happen over multiple visits), OSSE may inspect:

The required documentation for staff, children, and the facility (background checks and qualifications as appropriate and available);

Age-appropriate supplies and equipment (for example, cribs, toys, books, and other materials);

Storage space;

Hand-washing procedure is posted;

Two feet of available space between all cribs and cots.

If, in the course of the on-site inspection for an initial license, OSSE determines that a facility is out of compliance with any requirement of this chapter, or that the application is deficient in any way, OSSE may issue a SOD.

After receipt of notification from the applicant that every stated deficiency has been corrected, OSSE shall conduct a follow-up application review and inspection or inspections as needed to determine whether the facility is in compliance with this chapter. The license is issued only after these deficiencies are corrected.



- ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Each licensee shall receive, at minimum, one annual announced monitoring visit and one annual unannounced inspection. These inspections include evaluation of compliance with all applicable regulations, including health and safety requirements, staff qualifications, physical premises (indoors and outdoors) and a review of staff and children files.

Every licensed child care provider will receive at least one annual announced monitoring visit and one annual unannounced inspection to determine compliance with the Facilities Act, or other applicable federal and District of Columbia laws and regulations each year. Additional visits may happen at any time. During the monitoring visit, a licensing specialist inspects the site to ensure that the provider has required documentation for staff, children, and the facility that is current. This includes the current original version of each of the a Certificate of Occupancy, Home Occupation Permit, or other equivalent proof from the DC Department of Consumer and Regulatory Affairs (DCRA) that the premises comply with all applicable federal and District of Columbia building, fire-safety, construction, and zoning laws, regulations and codes and that the premises are suitable for the operation of a child development facility and a fire safety inspection certification or other equivalent proof from the DC FEMS that the premises comply with all applicable federal and District of Columbia fire safety laws, regulations and codes. It also includes a record for each enrolled child that reflects appropriate immunizations, for example, and a record for staff members that includes, among other required documents, criminal and background history checks conducted in accordance with 5A DCMR Chapter 1 and with all other applicable federal and District of Columbia laws and regulations and evidence of completion or certification of all health and safety training requirements.

Furthermore, OSSE will also monitor the premises to ensure providers are maintaining the location in a manner that complies with the environmental health and safety requirements in 5A DCMR Chapter 1 and CCDF, such as handling and storage of hazardous materials and the appropriate disposal of biocontaminants, building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic, and the prevention and control of infectious diseases.

- iii. Identify the frequency of unannounced inspections:

- A. Once a year

Each licensee shall receive, at minimum, one annual announced monitoring visit and one annual unannounced inspection. Upon its own initiative, or upon receipt of information alleging violation(s) of any law or regulation under its jurisdiction, OSSE may conduct additional announced or unannounced inspections.

- B. More than once a year. Describe:

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

- v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers.

DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility, including inspection requirements, which are established in 5A DCMR §111.

ACF approved the District's waiver renewal of the requirement at 45 C.F.R. § 98.42 (b)(2). ACF granted a waiver through September 30, 2021 due to the national pandemic caused by COVID-19, which created extraordinary circumstances in meeting the requirement to requirement for inspections of child care providers and facilities, performed by licensing inspectors (or qualified inspectors designated by the Lead Agency). This waiver renewal allows the District to implement flexible options to conduct inspections for licensed CCDF center providers. On July 19, 2021, OSSE resumed on-site inspections for all licensed child development facilities, and will be in full compliance with the requirement at 45 C.F.R. § 98.42 (b)(2) when the waiver expires on October 1, 2021.

- b. Licensed CCDF family child care home
- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

An applicant for an initial license to operate a facility under this chapter shall initiate the application in the name of the person or persons or legal entity or entities with ownership interests and who are responsible for operation of the facility.

Prior to submitting an application for an initial license to operate a facility under this chapter, the applicant shall complete a child development facility licensing orientation facilitated by or on behalf of OSSE. If an applicant submits an application prior to completing the required orientation, OSSE may suspend processing the application until this requirement is met. An applicant for an initial license to operate a facility under this chapter shall submit a complete application to OSSE.

- Upon receipt of a complete application for an initial license, and prior to the issuance of the license, OSSE shall review the application and conduct an on-site inspection to determine whether the facility is in compliance with the requirements in this chapter. For example, during on-site inspection (which can happen over multiple visits), OSSE may inspect:
- Checking the required documentation for staff, children, and the facility (background checks and qualifications as appropriate and available);
- Age-appropriate supplies and equipment (for example, cribs, toys, books, and other materials);

- Storage space;
- Hand-washing procedure is posted; or
- Two feet of available space between all cribs and cots

If, in the course of the on-site inspection for an initial license, OSSE determines that a facility is out of compliance with any requirement of this chapter, or that the application is deficient in any way, OSSE may issue a SOD.

After receipt of notification from the applicant that every stated deficiency has been corrected, OSSE shall conduct a follow-up application review and inspection or inspections as needed to determine whether the facility is in compliance with this chapter.

- ii. Describe your state/territory’s policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

Each licensee shall receive, at minimum, one annual announced monitoring visit and one annual unannounced inspection. . These inspections include evaluation of compliance with all applicable regulations, including health and safety requirements, staff qualifications, physical premises (indoors and outdoors) and a review of staff and children files.

- iii. Identify the frequency of unannounced inspections:

A. Once a year

Each licensee shall receive, at minimum, one annual announced monitoring visit and one annual unannounced inspection. Upon its own initiative, or upon receipt of information alleging violation(s) of any law or regulation under its jurisdiction, OSSE may conduct additional announced or unannounced inspections.

B. More than once a year. Describe:

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

- v. List the citation(s) for your state/territory’s policies regarding inspections for licensed CCDF family child care providers.

DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility, including inspection requirements, which is established in section 5A DCMR §111.

ACF approved the District’s waiver renewal of the requirement at 45 C.F.R. § 98.42 (b)(2). ACF granted

a waiver through September 30, 2021 due to the national pandemic caused by COVID-19, which created extraordinary circumstances in meeting the requirement to requirement for inspections of child care providers and facilities, performed by licensing inspectors (or qualified inspectors designated by the Lead Agency). This waiver renewal allows the District to implement flexible options to conduct inspections for licensed CCDF home and expanded home providers. On July 19, 2021, OSSE resumed on-site inspections for all licensed child development facilities, and will be in full compliance with the requirement at 45 C.F.R. § 98.42 (b)(2) when the waiver expires on October 1, 2021.

c. Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A – D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year. Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

d. List the entity (ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers .

OSSE's DEL, Licensing and Compliance Unit is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers .

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license- exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

- a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. N/A

- i. Provide the citation(s) for this policy or procedure. N/A
- b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

The District does not have license-exempt family child care providers.

- i. Provide the citation(s) for this policy or procedure.

#### 5.4.4 Inspections for license-exempt in-home care (care in the child’s own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child’s home that are appropriate to the setting. A child’s home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

In-home care providers are subject to an annual monitoring visit by the assigned ESM which will include an inspection of health records for caregiver and child, training records, as well as ensuring that the home meets health and safety requirements. The monitoring visit reviews items pertaining to training, attendance, meals, activities, and health and safety requirements. The monitoring ensures that criminal background checks and suitability determinations have been made and health certificates and first aid and CPR certifications are current.

- b. Provide the citation(s) for this policy or procedure.

Pursuant to DC Code §4-411, in-home care providers must enter into an agreement to provide subsidized child care services. Through the provider agreement, which establishes a contractual relationship, license exempt in-home providers and relative providers are required to comply with annual unannounced and announced visits by OSSE’s DEL ESMs to ensure compliance with the provider agreement.

- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

OSSE's DEL ESMs are responsible for conducting inspections of license-exempt CCDF providers.

#### 5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

OSSE ensures that licensing inspectors are qualified to inspect child care facilities and have received training on health and safety requirements by issuing an annual professional development plan for all licensing staff.

The qualifications for licensing specialists include graduation from an accredited four-year college or university with a relevant bachelor's degree and at least four (4) years of relevant work experience that demonstrate knowledge of the specialized subject area of the position, at least one year of which must be equivalent to the CS-11 grade level in the District of Columbia government service; or an equivalent combination of education, training, and experience.

Specialized experience is experience must be directly related to the line of work of the position and has equipped the applicant with the particular knowledge, skills, and abilities to successfully perform the duties of the position including but are not limited to performing in-depth inspection of child care facilities such as child development centers, homes, and before-and-after-school facilities to determine if services provided are in compliance with all legal mandates for purposes of licensure and/or certification; reviewing pertinent documentations, records, and files to determine if services, environmental conditions, and programmatic operations are in compliance with all governing legal mandates.

- b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Staff are required to complete the professional development plan by close of business Sept. 30 of each year. The plan includes all health and safety trainings as well as required trainings on monitoring, inspections and regulatory enforcement topics. The trainings include topics specific to the child care setting but are not broken out by setting type or age group, because individual licensing staff work with both home- and center-based facilities serving children across the birth to five continuum, as well as

school-aged children.

- c. Provide the citation(s) for this policy or procedure.

All licensing inspectors have degrees and experience in early childhood education. Staff training is documented in the District of Columbia's official performance evaluation system, PeopleSoft. Information is documented in the professional development plan section of the performance evaluation system for each staff.

- 5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).
  - a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Currently, the ratio of licensing inspector to child development facility is 1:47. The current ratio does allow for effective and efficient inspections and monitoring as we have a three-year licensing requirement. All inspections and follow-up visits are completed within the required timeframe. Although this ratio is one of the lowest in the surrounding area, we are adding capacity to further reduce the case load for staff. While there is no formal policy regarding the ratio of licensing inspectors to child care providers, this ratio is one of a number of agency workload and performance indicators that OSSE's licensing and compliance unit and the Division of Early Learning track monthly and report on a quarterly or annual basis to agency and city leadership to ensure that ratios do not exceed nationally recommended best practices.

- b. Provide the policy citation and state/territory ratio of licensing inspectors.  
N/A

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement

does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. Criminal registry or repository using fingerprints in the current state of residency	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>
ii. Sex offender registry or repository check in the current state of residency	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>
iii. Child abuse and neglect registry and database check in the current state of residency	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>



b. Components of National Background Check

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. FBI Fingerprint Check	<p style="text-align: center;"><b>X</b></p> <p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>	<p style="text-align: center;"><b>X</b></p> <p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>
ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search	<p style="text-align: center;"><b>X</b></p> <p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>	<p style="text-align: center;"><b>X</b></p> <p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>

c. Components of Interstate Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use	<p style="text-align: center;"><b>X</b></p>	<p style="text-align: center;"><b>X</b></p>

<p>of fingerprints being optional.</p> <p>Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).</p>	<p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>	<p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>
<p>ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.</p> <p>Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.</p>	<p>X</p>	<p>X</p>
	<p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>	<p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>
	<p>X</p>	<p>X</p>

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
<p>iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years</p> <p>Note: This is a name-based search</p>	<p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>	<p>Citation: Sections 5A-132-135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §§ 132-135</p>

### 5.5.2 Procedures for a Provider to Request a Background Check .

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory website. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or

territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

The District of Columbia requires all employees, volunteers, and prospective employees working in licensed child development facilities (child development centers, child development home, expanded home, and in-home relative care provider) to undergo a criminal background check which includes a FBI fingerprint check, a state-based check for Washington, DC and as well as any state they may have lived in for the previous five years. Providers are also required to have a Child Protection Registry (CPR) check from the District as well as any state they may have lived in for the previous five years 5 5A DCMR §§ 132-135. The background check process is the same for all child development facility types. The background check process for providers is outlined on the OSSE website and is also included in the in-person and virtual child care facility licensing orientation platform. Background check process information can also be found on MCCDC, the District's consumer website, or obtained through DC CCC, the District's CCR&R agency.

The procedures for obtaining a criminal background check are as follows. First, the individual must schedule a fingerprinting appointment online and enter the confidential information required by OSSE, the MPD and the Federal Bureau of Investigation (FBI). Second, the individual must print the confirmation page and take the confirmation page to the fingerprint appointment, along with two forms of identification (one must be a government-issued identification card). Third, the individual must be fingerprinted at an approved, authorized location using a live scan machine. The results are submitted to the DC Department of Human Resources (DCHR) for processing and the final results, which are inclusive of the National Sex Offender Registry and the intra state Sex Offender Registry, are sent to OSSE.

Additionally, all current and prospective staff, volunteers, and prospective employees working in licensed child development facilities (child development centers, child development home, expanded home, and in-home relative care provider) must submit an application for a child abuse and neglect registry clearance to the District of Columbia's CFSA, and state child abuse and neglect registries in all other states where the employee has lived within the previous five years. All licensed child development facilities (child development centers, child development home, expanded home, and in-home relative care provider) must submit the child protection registry results to OSSE. After OSSE has received the criminal background check and the child abuse and neglect registry checks, OSSE determines eligibility and sends the suitability determination letter to the employee and the licensed child development facility and/or in-home relative care provider. Suitability determinations must be completed prior to the date an individual becomes a staff member of the provider (for prospective staff) and not less than once during each three-year period for any currently employed staff member.

- a. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The cost for criminal background checks are paid by the District and no fees are charged to child development facilities.

- b. Describe the state/territory policy (ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Once a licensee has submitted a request for a prospective staff member's criminal background check, a prospective staff member may begin to work for the facility if the prospective staff member is supervised at all times by an individual who, within the three-year period completed the full criminal background process. Title 5, Chapter 5A DCMR §§ 132-135).

Based on current regulations, once a licensee has submitted a request for a prospective staff member's criminal background check, a prospective staff member may begin to work for the facility if the prospective staff member is supervised at all times by an individual who, within the three-year period completed the full criminal background process. Title 5, Chapter 5A DCMR §§ 132-135. The provisional employee requirement is written in regulation and cannot be changed without changing regulations. OSSE has begun a process to update the licensing regulations, and expects to update the regulations during the timeframe of the FY22-24 CCDF Plan.

OSSE's Licensing Team, at minimum, monitor's licensees twice a year during inspections and conducts an ad hoc audit of the licensee's staffing pattern upon notification of staff changes. The provisional employee requirement is written in regulation and cannot be changed without changing regulations. OSSE is planning to make updates to the regulation in Fiscal Year 22.

Currently, the District has a waiver of the requirement at 45 C.F.R. § 98.43 (d)(4), Criminal Background Checks. The waiver acknowledges the impact of the national pandemic caused by COVID-19, which created extraordinary circumstances in meeting the requirement to

complete fingerprint checks for prospective staff members working on a provision basis.

Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

The District requires current and prospective staff to submit a request for criminal background checks. Staff members are required to certify places of residency for the past five years during the criminal background check application. After OSSE has received the criminal background check results from DCHR and the child abuse and neglect registry check results from the licensed child development facility and/or in-home relative care provider, OSSE determines eligibility and sends the suitability determination letter to the employee and the licensed child development facility and/or in-home relative care provider. All criminal background checks are required to be renewed every three years.

All criminal background check components and suitability determinations are captured in the Division of Early Learning Licensing tool (DELLT). The system tracks suitability determinations and expiration dates for all child development facility staff. OSSE staff sends renewal notices to providers on an ongoing basis to ensure providers renew background checks within the required three-year period. This process ensures each staff member completes all components of the background check process at least once during each 5-year period. The District of Columbia is not a Rap Back state.

- c. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The District requires current and prospective staff to submit a request for criminal background checks. The Lead Agency and the DCHR have entered into a MOU, which clarifies roles in carrying out the federal criminal background check requirements and allows current and prospective child care staff to directly request an interstate criminal background check conducted through live-scan fingerprinting. Current and prospective staff must request the child abuse and neglect registry results from the District of Columbia's CFSa and any other the states of residency from the past five years. Staff members are required to certify places of residency for the past five years during the criminal background check application and the child abuse and neglect application processes. Criminal background check results are sent directly to the Lead Agency. Licensed child development facilities (child development centers, child development homes, and expanded homes) submit the results from the child abuse and neglect registry from CFSa and any other the states of residency from the past five years to the Lead Agency for all current and prospective staff members prior to the date an individual becomes a staff member of the provider (for prospective staff). After the

Lead Agency has received the criminal background check results from DCHR and the child abuse and neglect registry check results from the licensed child development facility and/or in-home relative care provider, the Lead Agency determines eligibility and sends the suitability determination letter to the employee and the licensed child development facility and/or in-home relative care provider. All criminal background checks are required to be renewed every three years.

All criminal background check components and suitability determinations are captured in the DELLT. The system tracks suitability determinations and expiration dates for all child development facility staff. OSSE staff sends renewal notices to providers on an ongoing basis to ensure providers renew background checks within the required three-year period. All criminal background check components in the District are required to be renewed every three years including FBI checks, inter-state and intra-state criminal history, NSOR, SOR, and CAN checks, as outline in Title 5, Chapter 5A Chapter 1 DCMR §§ 132-135. This process ensures each staff member completes all components of the background check process at least once during each 5-year period.

The District of Columbia is not a Rap Back state.

Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

In accordance with Title 5, Chapter 5A Chapter 1 DCMR §§ 133, each licensed child development center, home and expanded home must submit a request for prospective staff who has separated from another facility for a period of more than 180 consecutive days.

Providers are required to submit a form to OSSE for all staff hiring and terminations for the child development facility. Once OSSE receives the forms, the licensing staff check DELLT for any previous criminal background checks for the staff listed on the form. If the system has no record for the staff or a criminal background check determination and the termination information in the system indicates the staff has been separated from employment for 180 days or more, the provider is notified that the staff will need to submit for a criminal background check (background check/fingerprint check and CAN/DC Child Protective Registry Check). If the licensing staff find a criminal background check for the staff and the termination information in the system is not older than 180 days, OSSE will provide a duplicate suitability determination notice to the staff and the facility. The duplicate letter will expire within the original three-year period of the original criminal background check.

The District has an approved renewed waiver of the requirement at 45 C.F.R. § 98.43 (d)(3)(iii), Criminal Background Checks due to the national pandemic caused by COVID-19. However, the waiver was not utilized and no specific changes are required to come into compliance as the current process was unchanged by the waiver.

OSSE's Licensing team monitors licensees twice a year during inspections and monitoring visits for compliance with all of the background check components: FBI checks, inter-state

and intra-state criminal history, NSOR, SOR, and CAN checks, as outline in Title 5, Chapter 5A Chapter 1 DCMR §§ 132-135. Additionally, OSSE's Licensing team, completes a periodic, random audit of the licensee's staffing pattern to ensure facilities are submitting the required forms for staff changes within the facility.

- d. .
- g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).  
<https://osse.dc.gov/page/background-check-process-child-care-providers>

### 5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility?  
Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

The Lead Agency and the DCHR have entered into a MOU, which clarifies roles in carrying out the federal criminal background check requirements. The in-state criminal background checks are conducted through live-scan fingerprinting through an through the MOU with DCHR. Current or prospective staff schedule an appointment for fingerprinting on the Field Print website. Once they get fingerprinted, the fingerprints are used to check state criminal repository. The results of all in-state criminal background checks are securely and confidentially sent to DCHR. DCHR send the results to the Lead Agency. Once the Lead Agency receives all components of the

criminal background checks, suitability for employment is determined by the Lead Agency. Child development center directors, child development home caregivers and child development center and home employees receive a suitability determination letter from the Lead Agency within 45 days.

individual must schedule a fingerprinting appointment online and enter the confidential information required by OSSE, the Metropolitan Police Department (MPD) and the Federal Bureau of Investigation (FBI). Second, the individual must print the confirmation page and take the confirmation page to the fingerprint appointment, along with two forms of identification (one must be a government-issued identification card). Third, the individual must be fingerprinted at an approved, authorized location using a live scan machine. The results are submitted to the DC Department of Human Resources for processing and the final results are sent to OSSE.

Additionally all current and prospective staff in each licensed child development center, home, and expanded home and in-home relative care providers shall submit an application for an child abuse and neglect clearance to the District of Columbia's Child and Family Services Administration (CFSA) and child abuse and neglect results from all states of residence for the last five years. Each licensed child development center, home, and expanded home and in-home relative care providers shall submit the CFSA child abuse and neglect results to OSSE. The in-home provider must also submit fingerprints which are processed by FBI database to check records of criminal activity in another jurisdiction. The information is received by the subsidy division and shared with licensing unit who will create a letter of suitability that is valid for 3 years.

In-home providers must complete the CPR application with CFSA to verify suitability/eligibility. The provider must also submit fingerprints to process as part of the District's comprehensive background checks (see above paragraphs).

- a.
- b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The procedure is not different. The criminal background check is inclusive of the National Background Check and NCIC NSOR check and the FBI fingerprint check. Through an MOU, the DCHR completes the NSOR and FBI check on behalf of OSSE.

Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).



The Lead Agency and the DCHR have entered into a MOU, which clarifies roles in carrying out the federal criminal background check requirements. The interstate criminal background checks are conducted through live-scan fingerprinting. Current or prospective staff schedule an appointment for fingerprinting on the Field Print website. Once they get fingerprinted, the fingerprints are used to check state criminal repositories for states the individual lived for the past five years. The results of all inter-state criminal background checks are securely and confidentially sent to DCHR. DCHR send the results to the Lead Agency. Once the Lead Agency receives all components of the criminal background checks, suitability for employment is determined by the Lead Agency. Child development center directors, child development home caregivers and child development center and home employees receive a suitability determination letter from the Lead Agency within 45 days.

c.

- d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

The Lead Agency makes every effort to ensure criminal background check eligibility determination is completed with 45 days of receipt of both the fingerprint and the child protection registry clearance. The Lead Agency is in the process of procuring a new enterprise software system that will provide internal notifications to the Lead Agency staff to forward external notifications to early learning professionals who have not completed the criminal background check or the CPR process within 30 days of receipt of either document.

Currently, the District has an approved waiver renewal of the requirement at 45 C.F.R. § 98.43 (e)(1), Criminal Background Checks . The waiver renewal is due to the national pandemic caused by COVID-19, which created extraordinary circumstances in meeting the requirement to carry out the request and provide the results of a criminal background check as expeditiously as possible, within 45 days for current and prospective child care staff.

Due to District law, the Lead Agency does not directly receive the child abuse and neglect results. A change in the District's current statute that requires all child abuse and neglect results be sent directly to the licensee would reduce the processing time for suitability determinations. A legislative change would be required to comply with the regulation.

- e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

Applicants who work in child development facilities within the District of Columbia but live in other states are required to use the same process described in response to 5.5.3.c. The criminal background check process for all current and prospective staff is a comprehensive FBI fingerprint check that includes a search of: The National Crime Information Center (NCIC) and the National Sex Offender Registry (NSOR) name-based search; The criminal registry or repository in the current state of residency and any

other state where the individual has resided in the past five years; the sex offender registry or repository in the current state of residency and any other state where the individual has resided in the past five years.

#### 5.5.4 State designation as a “Compact State” and participation in the National Fingerprint File program.

- a. “Compact States” are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here:

<https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit:

<https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

- b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state’s criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state’s criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit:

<https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

#### 5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

- a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency is not the agency responsible for responding to criminal history checks. Applicants who are residents of the District of Columbia or have been resident in the District of Columbia within the past five years but work in other states must submit a request for a criminal background directly to the MPD. The results are returned to the applicant. <https://mpdc.dc.gov/service/police-clearances-arrest-and-criminal-history-section>.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency is not the agency responsible for responding to interstate sex offender history checks in the District of Columbia. Applicants who are residents of the District of Columbia or have been resident in the District of Columbia within the past five years but work in other states must submit a request directly to the MPD <https://mpdc.dc.gov/service/police-clearances-arrest-and-criminal-history-section>. The sex offender history check results are included in the request for the criminal background check. The results are released to the applicant.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency is not the agency that processes child abuse and neglect history checks. Applicants who are residents of the District of Columbia or have been residents of the District of Columbia within the past five years but work in other states must submit a request directly to the District of Columbia's CFSA. The application can be downloaded from the CFSA website and submitted online directly to CFSA. The results are returned to the requestor. <https://cfsa.dc.gov/service/child-protection-register-cpr>.

Currently, the District has a waiver of the requirement at 45 C.F.R. § 98.43 (a)(1)(iii), Criminal Background Checks and Background Check Results. The waiver acknowledges the impact of the national pandemic caused by COVID-19, which created extraordinary circumstances in meeting the requirement to respond as expeditiously as possible to other States', Territories', and Tribes' requests for background check results – specifically child abuse and neglect checks for new and existing providers – within the 45-day timeframe. The Lead Agency has requested technical assistance and consultation with other states to support its efforts to come into compliance with this requirement.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing

Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970- 0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name **Metropolitan Police Department**
- Address **300 Indiana Ave. NW, Room 1075**
- iii. Phone Number 202-727-4245
- iv. Email
- v. FAX
- vi. Website <https://mpdc.dc.gov/service/police-clearances-arrest-and-criminal-history-section>

vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

An individual may request production of his or her arrest record or authorize another person to request production of his or her arrest record **for any other purpose**. This document will contain a listing **only of adult convictions** for which the sentence was completed not more than 10 years before the date on which the records were requested and forfeitures of collateral in a court proceeding that have occurred not more than 10 years before the date on which the record was requested. To make a request, the applicant will need one of the following: Driver's License, Non-Driver ID; Original Birth Certificate and Social Security Card. Persons living outside of the District, or who are otherwise unable to come to the office in person, may do the following: Write a notarized letter requesting a background check to:

**Metropolitan Police Department**

**300 Indiana Ave.  
Washington, DC 20001.**

**The letter must include the following information:**

**Full Name**

**Date of Birth**

**Social Security Number**

**Self-addressed Stamped Envelope**

**\$7 Money Order payable to the *DC Treasurer* (Checks Not Accepted)**

- viii. Forms **PD Form 70**
- ix. Fees **\$7.00**
- x. Is the state a National Fingerprint File (NFF) state? **Yes**
- xi. Is the state a National Crime Prevention and Privacy Compact State? **Yes**
- xii. Direct URL/website link to where this information is posted.  
<https://mpdc.dc.gov/service/police-clearances-arrest-and-criminal-history-section>

b. Interstate Sex Offender Registry (SOR) Check: Click or tap here to enter text.

- i. Agency Name **Metropolitan Police Department (MPD)**
- ii. Address **300 Indiana Ave. NW, Room 1075, Washington, DC 20001**
- iii. Phone Number **202-727-4245**
- iv. Email
- v. FAX
- vi. Website <https://mpdc.dc.gov/service/sex-offender-registry>
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

An individual may request production of his or her arrest record or authorize another person to request production of his or her arrest record **for any other purpose**. This document will contain a listing **only of adult convictions** for which the sentence was completed not more than 10 years before the date on which the records were requested and forfeitures of collateral in a court proceeding that have occurred not more than 10 years before the date on which the record was requested. To make a request, you will need one of the following: Driver's License, Non-Driver ID; Original Birth Certificate AND Social Security Card. Persons living outside of the District, or who are otherwise unable to come to the office in person, may do the following: Write a notarized letter requesting a background check to Metropolitan Police Department, Criminal History Section, 300 Indiana Ave. NW, Room 1075, Washington DC, 20001

The letter must include the following information:

Full Name

Date of Birth

Social Security Number

Self-addressed Stamped Envelope

\$7 Money Order payable to the **DC Treasurer** (Checks Not Accepted)

Applicants who wish to appeal the accuracy of the results must contact the Office on Human Rights: <https://ohr.dc.gov/>

- 
- viii. Forms

- ix. Fees \$7.00
- x. Direct URL/website link to where this information is posted.  
<https://mpdc.dc.gov/service/police-clearances-arrest-and-criminal-history-section>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name Child and Family Services Agency
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry? No
- iii. Address 200 I St. SE, Washington, DC 20003  
Phone: (202) 442-6100  
Fax: (202) 727-6505
- iv. Phone Number (202) 442-6100
- v. Email CFSA.CPR@dc.gov
- vi. FAX (202) 727-6505
- vii. Website [www.cfsa.dc.gov](http://www.cfsa.dc.gov)
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)  
An account does not need to be created. An official current government identification is required and no fee is required. Currently due to the pandemic forms are currently only accepted online. Applicants who wish to appeal the accuracy of the results must contact the Child and Family Services Agency (CFSA).
- ix. Forms:  
[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR\\_Check\\_Application\\_July2020\\_employment\\_0.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR_Check_Application_July2020_employment_0.pdf)
- x. Fees There is no associated fee for this service.
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.  
The CAN registry check results will include a check for one of three appropriate responses: The applicant is not listed on the Registry; The applicant is listed on the registry as responsible for the abuse or neglect of a child; The applicant is listed on the registry for an inconclusive finding.
- xii. Direct URL/website link to where this information is posted.  
<https://cfsa.dc.gov/service/child-protection-register-cpr>

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in

connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes. If yes, describe other disqualifying crimes and provide the citation:

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Per 5 5A DCMR § 135, all records of criminal background checks and Child Protection Registry checks shall be confidential and are for the exclusive use of determining suitability for employment or volunteer opportunities under this chapter. This information shall be maintained by the facility in a secured location with limited access, and the information shall not be released or otherwise disclosed to any person except when: Required as one component of an application for employment or volunteer position with any covered child or youth services provider under this chapter; Requested by OSSE, or its designee, during an official inspection or investigation; Ordered by a court or administrative adjudicatory body by subpoena or otherwise; Authorized by the written consent of the person being investigated; or Utilized for a corrective, adverse, or administrative action in a personnel proceeding. Any individual who discloses confidential records in violation of Section 208 of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004 (CYSHA), DC Official Code § 4-1501.08, is subject to criminal penalties including a fine of no more than o\$1,000, imprisonment for not more than 180 days, or both. OSSE shall provide the results of the criminal background check to the facility, in a written statement that indicates whether the current or prospective staff member is eligible or ineligible for employment, without revealing any disqualifying information regarding the individuals. A copy of the suitability letter is sent to the employer and the applicant.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2- 4).

Per 5 5A DCMR § 135, a current or prospective staff member may file a request for review of an OSSE Notice of Ineligibility for Employment with Commission on Human Rights not later than 30 days after the date the written notification of the Notice of Ineligibility for Employment is issued. If a request for review is not received within a timely manner, and no corrective actions are confirmed to have been taken, the Notice of Ineligibility for Employment shall become the final administrative decision of the agency.

### 5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
  - A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
  - If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
  - The appeals process is completed in a timely manner for any appealing child care staff member
  - Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
  - The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.
- a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Per 5 5A DCMR § 135, an applicant or current staff member may file a request for review of an Office of the State Superintendent of Education (OSSE) Notice of Ineligibility for Employment based on criminal background check fingerprint results with the District's Office on Human Rights not later than 30 days after the date the written Notification of Ineligibility for Employment was issued.

- b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks? **The process is the same.**



Interstate Child Abuse and Neglect (CAN) Registry Check:

A prospective staff or current staff member may file a request for review of an OSSE Notice of Ineligibility for Employment based on CAN results with the District's CFSA within 30 days of receipt of the notification.

c.

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### 5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements. Describe.

Relative care providers are exempt from a portion of licensing requirements but are required to have an annual physical and complete the health and safety training. Pursuant to DC Code 4.411 and 7-2033, in-home and relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5A DCMR 100 et. Seq. However, pursuant to 4-411, relative providers must provide proof that the caregiver is free of tuberculosis and other communicable diseases, along with anyone else living in the home or children in care, and is physically capable of caring for children. Furthermore, through the provider agreement, license-exempt providers are required to comply with fire standards, complete all required CCDF health and safety trainings, criminal background checks/suitability determination, and maintain first aid and CPR certifications..

- c. Relative providers must fully comply with all licensing requirements.

### 5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

**Describe.** Relative providers are exempt from a portion of health and safety standard requirements. Relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements. However, relative care providers are required to have an annual physical (with TB screen) and complete health and safety training. Relative care providers are also required to complete criminal background checks and maintain first aid and CPR certifications.

- c. Relative providers must fully comply with all health and safety standard requirements.

### 5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.

- b. Relative providers are exempt from a portion of all health and safety training requirements. Describe. =
- c. **Relative providers must fully comply with all health and safety training requirements.** Each relative care provider must complete all health and safety trainings and maintain First and CPR certification.

#### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.
- c. **Relative providers must fully comply with all monitoring and enforcement requirements.**

#### 5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. **Relative providers are exempt from a portion of background check requirements.** If checked, identify the background check components that relatives must complete:
  - i. Criminal registry or repository using fingerprints in the current state of residency
  - ii. Sex offender registry or repository in the current state of residency
  - iii. **Child abuse and neglect registry and database check in the current state of residency**
  - iv. **FBI) fingerprint check**
  - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

## 6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components:

- (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will

develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

OSSE facilitates professional development opportunities within its identified Core Knowledge Areas (CKA). The CKA are well-integrated professional standards that are aligned with the National Association for the Education of Young Children (NAEYC) Standards for Early Childhood Professional Preparation, the Child Development Associate (CDA) Competency Standards, DC Early Learning Standards, DCPS Effective Schools Framework and the Federal Head Start Program Performance Standards. The CKA include: 1.) Child Growth and Development; 2.) Observing, Documenting and Assessing to Support Young Children and Families; 3.) Health, Safety, and Nutrition; 4.) Curriculum; 5.) Inclusive Practices; 6.) Learning Environments; 7.) Building Family and Community Relationship; 8.) Diversity: Family, Language, Culture, and Society; 9.) Program Management, Operation and Evaluation; 10.) Professionalism and Advocacy; and 11.) Social-Emotional Development and Mental Health. In addition to the CKA, OSSE ensures that all Early Childhood Education (ECE) workforce members have an understanding of basic standards of child health, safety and development with its mandatory training for all newly hired child care staff, which is aligned with the requirements of CCDF (See section 5). Further, OSSE ensures that all child care staff have continuous professional development annually that includes maintenance of health and safety trainings, as well as additional topic areas such as developmentally appropriate methods of positive behavior intervention and support and inclusion of children with special needs.

ii. Career pathways. Describe:

OSSE worked with a regional advisory group that consisted of representatives from the DC-Maryland-Virginia area to develop a competency-based career pathway for the ECE workforce that was published in the fall of 2019. OSSE ensures that all ECE professionals are aware of the general responsibilities, minimum education requirements, and professional development opportunities available for each designated position through multiple public education efforts. OSSE offers a resource webpage for ECE professionals to learn about position responsibilities, education requirements and available programs and resources for furthering one's education and career. Additionally, OSSE has a live ECE Help Desk that the workforce can call or email for information, technical assistance and connections to resources. The PDIS, OSSE's Workforce Registry, allows early childhood educators to learn about career opportunities (e.g., trainings), build their electronic resume, build their own electronic portfolio of educational credentials and more. PDIS is intended to allow ECE professionals to use their stored documents to request to be assigned to a career level based on their education credentials and professional trainings. Through this system, the workforce can apply for an OSSE-certified review of their credentials for a professional certificate indicating the positions for which they are qualified to be employed; this certificate is called the Credential Verification Certificate and the levels are primarily based on the years of experience and credential(s) obtained. OSSE also offers scholarship grant opportunities for the CDA credential, associate degree, and bachelor's degree in early childhood education.

iii. Advisory structure. Describe:

OSSE works with the Program Quality Committee of the SECDCC to receive advisement on programming relating to workforce development that includes professional development offerings, outreach efforts and resource development. The DCHSA also advises OSSE on policy as relates to credential requirements and professional development supports that affect the Head Start workforce. OSSE solicits public comment on any policy or regulation changes. Additionally, OSSE is a member of the Early Childhood-Higher Education Collaborative, which aims to develop programming opportunities for the ECE workforce in coordination with local postsecondary representatives. OSSE conducts surveys through its workforce programs and its live ECE Help Desk to determine the needs of the local workforce and identify hurdles preventing early childhood educators and prospective early childhood educators from accessing the existing resources. OSSE regularly collaborates with administrators of the CDA programs within the District and convenes the CDA Administrators Committee as an opportunity for different CDA programs in the District to collaborate on topics such as, CDA candidate needs, program needs and the workforce pipeline.

iv. Articulation. Describe:

OSSE is a member of the Early Childhood-Higher Education Collaborative, as are the local universities that offer early childhood-related degree programs. The colleges have confirmed the articulation of the CDA credential into up to six college credits. OSSE's grantees offering the CDA program and the District's Early Childhood Education Workforce College Development Program supporting associate and bachelor's degree scholarships funded by OSSE work with college representatives on behalf of ECE professionals to aid in the articulation of college credits for the CDA and professional development with associated continuing education units (CEUs). Some university partners are willing to accept both CDA and CEUs for college credit, but this differs based on university. OSSE continues to work with the Council for Professional Recognition (issuer of the CDA) to help facilitate the articulation of CEUs and the CDA at local universities.

v. Workforce information. Describe:

OSSE collects workforce data from several sources and tools to gain a robust understanding of the District's ECE workforce to aid in programmatic planning. The data collection tools include the PDIS, DELLT, the ECE Help Desk, Quorum (online learning platform), and feedback from professional development information sessions, and an annual assessment of professional development offerings. The various workforce data collected include current position, education credentials, completed professional development, and years of experience. OSSE is in the process of modernizing our data systems, which will result in an integrated data system that houses child, family, facility, provider and workforce data. OSSE is working with the vendor for this project to identify options to maximize this system to strengthen workforce data. Additionally, OSSE requires its grantees offering CDA programs and the District's Early Childhood Education Workforce College Development Program funded by OSSE, to collect data on the ECE professionals participating in the programs such as: city ward of employment, salary and career pathway goal.

vi. Financing. Describe:

OSSE uses both federal and local funds to provide professional development and continuing education opportunities to the ECE workforce. The funds support a variety of workforce

development programs including in-person training courses, unlimited access to an online learning platform, scholarships for the CDA program, and college tuition scholarships.

- b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:

OSSE issues certificates for earned Professional Development Learning Units (PLU) for educators attending the professional development training opportunities offered through the PDIS. These training opportunities on a variety of topics are provided by approved trainers, based on the CKA mentioned previously, reviewed and approved by OSSE and administered through DC CCC, as well as sister agencies and partners. There are course options in English and Spanish, with a limited number of trainings in Amharic. Trainings are offered in person and through virtual learning platforms, such as GoToMeeting and Webex. OSSE also offers a variety of opportunities to earn PLUs and CEUs through online learning platforms such as Quorum. Quorum is an online learning platform that provides more than 160 hours of courses and the ability to complete the required CDA coursework online. Quorum courses are offered in English and Spanish. The CDA and CEUs may articulate into college credits at local institutions of higher education, depending on the institution and program.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

OSSE has a robust, research-based TAP that ensures the child care workforce has access to a wide variety of quality training opportunities that improve their knowledge, skills, and competency in early childhood development from infancy through pre-K to kindergarten. TAP certifies both individual and organizational professional development trainers that provide ongoing training and professional development opportunities in the 11 CKAs that detail the specific knowledge and skills needed by early childhood professionals to work effectively with all young children and families. A variety of PD opportunities are afforded through OSSE grantees, a contract with Quorum, and partnerships with other government agencies (e.g., DC Health, Department of Behavioral Health, etc.). Additionally, the Strong Start program within OSSE, DC's early intervention program, is approved to provide training opportunities to the workforce, and does so on a regular basis. Their trainings focus on healthy development, supports for young children and families and screening tools, such as the Ages and Stages Questionnaire.

- iii. Other. Describe:

- 6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

OSSE works with the Program Quality Committee of the SECDCC to receive advisement on programming relating to workforce development that includes professional development offerings, support to degree programs, resource development and other topics as the

committee deems needed at any given time. Changes or additions to the CKA are reviewed and approved by the SECDCC.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

OSSE seeks to promote diversity, stability, retention, and progression of the early childhood workforce by ensuring that current and prospective early childhood educators in the District have access to a range of supports, professional development, postsecondary education opportunities and incentives that enable them to meet credential requirements and advance professionally through a diversity of delivery mechanisms that are accessible to linguistically and culturally diverse early educators. Through numerous PD opportunities, scholarship and grant opportunities child care professionals can access training, credential and degree programs at little or no cost to them, including those that are funded by OSSE and by other District government entities (e.g. the Early Childhood Tuition Assistance Program administered by the University of the District of Columbia (UDC) and the Mayor's Scholars and D.C. Tuition Assistance Grant (TAG) programs administered by OSSE's Division of Postsecondary and Career Education). OSSE funds two grantees to offer CDA programs at no cost to current caregivers and teachers who must meet the minimum education requirements by the established deadlines. Additionally the Early Childhood Educator Workforce College Development Program, child care workers have access to scholarships and supports to complete postsecondary degrees needed to meet minimum education requirements, as well as stipends and incentives for retention and completion. These offerings are intended to promote stability in the early care and education workforce by reducing attrition of caregivers and teachers who would otherwise not meet the minimum education requirements by the established deadlines and providing financial incentives for degree progress, completion and retention. The ECE Help Desk and OSSE grantees also support the child care workforce to access grants and scholarships from federal and other sources in order to complete degrees and credentials needed to meet requirements for various roles or advance professionally. To support retention, stability and professional growth among directors, Capital Quality and CCR&R offer professional learning communities (PLCs) tailored to directors, as well as training and resources focused on business supports and practices. OSSE works diligently to review, refine, and modify PD offerings based on feedback from the workforce, and uses data from the CLASS® and the ERS observations to understand areas for improvement and target PD according. OSSE strives to recruit and retain diverse educators by providing PD and continuing education opportunities tailored to the diversity of the District's early childhood workforce and broader population, including PD opportunities in English, Spanish and Amharic, the three primary languages reflected in the District's early childhood workforce. Through two grantees, the OSSE-funded CDA Training and Scholarship program offers CDA coursework and supports in English, Spanish and Amharic as well. The OSSE-sponsored e-learning platform for the ECE workforce, Quorum, offers courses in English and Spanish including all coursework needed to obtain a CDA. In alignment with the DC Language Access Act, OSSE strives to reach individuals across the District by making publications available in the six most common languages spoken. Providing targeted PD, scholarship

opportunities, and learning opportunities in at least three languages, OSSE works to support the workforce in achieving quality, diversity, retention, and stability in the District. OSSE also seeks to support early educator well-being and retention by partnering with DC CCC, DBH, child development facility leadership and other private and nonprofit entities to offer wellness supports, mindfulness training, and other supports to enhance the mental health and well-being of the early childhood workforce thereby encouraging stability and retention in the field. Through Healthy Futures, the District' early childhood mental health consultation program operated in partnership with the DBH, early childhood educators in Healthy Futures sites have access to mental health consultation, mindfulness, and other wellbeing supports, and DBH staff have also shared these resources with a broader audience of early childhood educators at conferences and events. Supports for educator and staff mental health and well-being have also been a key priority for the QIN and PKEEP.

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

### 6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health of young children intervention models, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The District's training and professional development requirements are enumerated in the Child Development Facility Licensing Regulations. Training requirements include pre-service, orientation and annual health and safety training; courses in the DC Early Learning Standards, the District's early learning and developmental guidelines, and courses in developmentally appropriate methods of positive behavior intervention and support. As a result of the updated DC Early Learning Standards, a training and professional development rollout plan was developed to ensure these early learning and developmental guidelines are incorporated into training and professional development opportunities. Training of trainers has been held for both community-based organizations and local education agencies on the updated standards. Additionally, the District ensures that early educators have access to training on health and safety standards by providing the required health and safety

trainings through both online (Quorum e-learning platform) and in-person opportunities. Health and safety training requirements can be tracked for each individual employee through a tracker embedded in the dashboard of the PDIS. OSSE has intentionally increased the availability of training and supports related to social-emotional/behavioral development and mental health intervention models in response to the need to build early educators' capacity to support children's social-emotional development and pro-social behavior and provide responsive and appropriate supports for children who have experienced trauma or adverse childhood experiences.

OSSE works through partnerships internally (i.e., Strong Start), and with other DC agencies (e.g., the DBH, DC Health, Early Stages) to provide trainings on social-emotional development and behavioral and mental health of young children to providers. CoP meetings are held monthly for providers participating in Capital Quality, DC's QRIS and routinely incorporate early learning and developmental guidelines, health and safety standards and social-emotional/behavioral and mental health of young children based on providers' needs and alignment to quality indicators in the QRIS. In addition, OSSE also provides access to an online learning platform, Quorum, that enables providers to take free, online courses toward the CDA credential, some of the licensing requirements, as well as course offerings on resiliency, trauma and behavior management.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). **N/A**

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a. with limited English proficiency.

OSSE's child care subsidy, licensing and compliance, and quality initiatives staff teams include staff members with proficiency in Spanish and other languages who are able to support early childhood providers with limited English proficiency in becoming licensed, participating in the subsidy system and accessing professional development and postsecondary opportunities. In addition, all OSSE staff and grantees have access to a language access support line to provide assistance in communicating with and supporting child care providers with limited English proficiency. OSSE engages regularly with the District's Multi-cultural Spanish-Speaking Providers Association (MSSPA) to understand the experiences, needs and opportunities of Spanish-speaking early childhood educators, directors and owners, including identifying and addressing barriers to participation in the child care subsidy system and OSSE-funded professional development and postsecondary education opportunities. Through this partnership, we have been able to connect more early educators and providers with limited English proficiency with the subsidy system and supports for postsecondary attainment. Currently, OSSE offers more than 160 courses available in Spanish through an online learning platform, Quorum. In-person trainings are often available in Spanish or with interpretation services. OSSE ensures that course



descriptions for all courses offered in Spanish are translated and sent directly to the MSSPA. Additional training has been developed in Amharic and OSSE hopes to expand available opportunities in the Amharic language based on demand. CDA training and scholarship programs are also available in both Amharic and Spanish. OSSE's recruitment and communication strategy also seeks to engage providers with limited English proficiency to participate in Capital Quality. Capital Quality engages the community through the MCCDC website, the OSSE website and through DC CCC, the District's CCR&R agency. Capital Quality employs staff who speak Spanish and Amharic, and all staff have access to the language access line for any individual that may have questions or want to learn more about the initiative.

b. who have disabilities.

OSSE provides outreach and services to eligible persons with disabilities. Customer service sites (e.g., the OSSE office building, CCR&R or CCR&R service centers) are accessible and comply with the ADA requirements. The online learning platform also supports individuals with limited mobility. Online trainings and in-person trainings offer information in multiple modalities to ensure that individuals with disabilities can access the content. Multiple modes of communication are available to support individual needs. All providers, including those with disabilities, are encouraged to participate in Capital Quality, the District's QRIS. Quality facilitators who support Capital Quality receive training, technical assistance and coaching to support providers, families and children with special needs.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

The District's training and professional development requirements enumerated in the Child Development Facilities Licensing Regulations specify the following topic areas supportive of child care providers who care for children receiving child care subsidies, English learners and children with developmental delays and disabilities: community health and social services resources for children and families; developmentally appropriate methods of positive behavior intervention and support; developmentally appropriate programming for infants, toddlers, preschool and/or school-age children, as applicable; enhancing self-regulation and self-esteem in children; and inclusion of children with special needs, including the ADA and the IDEA. Training and professional development is provided by DC CCC, the CCR&R program, along with support from sister agencies, as well as local and national experts in early care and education. To ensure training and professional development offerings are appropriate to providers of early care and education for children of different age groups, CCR&R offers training and professional development differentiated by age group (e.g., specific training sessions for infants and toddlers, preschool age/pre-K children and school-age children). CCR&R has extensive experience and strong relationships in the communities where children receiving

subsidized child care live. CCR&R utilizes this expertise, in coordination with their local and national networks, to cultivate training opportunities that reflective of the needs of children and families participating in the subsidized child care program and are therefore appropriate for providers serving children participating in the subsidized child care program.

CCR&R has increased training and professional development offerings on social-emotional development and trauma-informed practice based on feedback from the community and in response to the needs of the children and families served. These training opportunities are available across OSSE's PDIS, Quorum e-Learning platforms, and other online and in-person sessions.

OSSE, with the support of the CCR&R, also manages the TAP to ensure that early learning trainers are individuals and organizations that possess professional career experiences, expertise, and education in the field that are both relevant and aligned with the mission of the DEL and the District's early childhood context. CCR&R develops the training sessions and descriptions along with the training partners and submits them (includes information on the duration of the training, the aligned CKA, and number of PLUs participants will receive to OSSE for approval prior to the courses being offered. These courses and course descriptions are reviewed and approve by OSSE on a rolling basis as new trainings are developed. Through this process, OSSE and CCR&R work to ensure that all trainings offered are reflective of the community served, including children participating in subsidized child care, as well as appropriate for the needs of the facilities and educators who serve them.

In addition, the District's QRIS, Capital Quality, provides training, technical assistance and one-on-one coaching that is tailored to, and therefore appropriate for, the needs of child care providers serving children in the District's child care subsidy system. The CoP and other supports that Capital Quality provides for all participating providers are informed by data on participating providers' needs and strengths, including consideration of the needs of children and families served, and coaching and technical assistance for each provider are customized based on the provider's CQIP, self-assessment, and consideration of appropriateness for providers serving the population of families and children participating in the District's subsidy program.

- 6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).
- a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).

OSSE provides professional development with a sequential learning approach that addresses the complexity of homelessness. OSSE offers various training opportunities for providers, local education agencies and community partners focusing on this population, including topics relevant to homeless children and their families such as the McKinney-Vento Homeless Assistance Act and the Elementary and Secondary Education Act as

reauthorized by the Every Student Succeeds Act of 2015; Routines that Support Emotional Well-Being and Stability in the Classroom; Recognizing Signs of Stress in Young Children; Eco-mapping: A Tool for Assessing Support Systems; and Engaging and Supporting Families Experiencing Homelessness. OSSE facilitates collaboration and partnership with the District's community-based organizations that serve homeless families to improve developmental outcomes for at-risk children.

The Virginia Williams Family Resource Center (VWFRC) serves as an intake hub for screening and placement for families seeking emergency shelter and other essential resources. OSSE has established a partnership with VWFRC to provide OSSE staff onsite to assist parents who have children in need of child care or educational supports, such as immediate enrollment and transportation assistance. OSSE developed a Homeless Education Program Fact Sheet for Parents which provides guidance on the educational rights of children, youth and families experiencing homelessness. Additionally, OSSE's Homeless Education Program staff will continue to provide training for child development directors and enrollment coordinators on how to identify and support families that are experiencing homelessness.

- b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

OSSE and DHS continue their partnership to ensure that the District's central intake center for families who are experiencing homelessness has an onsite child care intake specialist. Training has been provided to all DHS child care intake staff and community staff in Level II child development sites on the eligibility criteria. Families experiencing homelessness are categorically eligible for child care subsidy and HS and EHS.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

- a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The District of Columbia revised the Child Development Facilities Licensing Regulations to specifically address additional annual professional development that may include basic and advanced business training for child care providers. Additionally, OSSE reviewed, compiled and analyzed local and national resources on best practices for child care business owners and directors; reviewed, compiled and analyzed data on professional development offerings and attendance to plan and prepare for additional professional development opportunities. The District's CCR&R has identified and certified trainers that offer business practices for child care center directors and owners, implemented business practices training and added the training to the PDIS. Business practice resources (e.g., policy templates) are available to all licensed child development facilities on the Early Childhood Share DC (EC Share DC) website. PKEEP grantees receive technical assistance training in a number of fiscal topics, including cost reimbursement processes, budgeting, provision of relevant and appropriate supporting documentation to substantiate costs and

indirect costs. OSSE engaged the SECDCC Program Quality Committee and the Child Care Recovery Working Group in reviewing existing offerings and identifying online and in-person learning opportunities. The SSBA, established in fiscal year 2017 (FY17), currently serves nearly half of all licensed child development homes. SSBA initiated a pilot for small child development centers (e.g., centers with four or fewer classrooms) and with increased need and increased funding available, OSSE is in the process of expanding access to the SSBA to all Level I providers in the district in FY22. Through OSSE's partnerships with two CDFIs, LIFF and Wacif, to administer facility and emergency relief grants programs, child development facilities have access to resources, business capacity building, and technical assistance from these CDFIs, including other programs that these CDFIs operate to build the capacity of child care providers, women entrepreneurs of color, and the small business community in the District more broadly through a variety of other federal, local, and philanthropic funding streams.

- b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.
- i. Fiscal management
  - ii. Budgeting
  - iii. Recordkeeping
  - iv. Hiring, developing, and retaining qualified staff
  - v. Risk management
  - vi. Community relationships
  - vii. Marketing and public relations
  - viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
  - ix. Other. Describe: LIFF provides information on COVID relief and business planning resources available to small businesses generally and hosts training on outdoor facilities and loan readiness. Through the Enterprising Women of Color DMV business center operated by Wacif, child care leaders have opportunities to connect with a broader network of small business owners and entrepreneurs in the Washington metropolitan region.

### 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

#### 6.3.1 Training and professional development of the child care workforce.

- a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then

identify which types of providers are included in these activities. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>License exempt center-based</i>	<i>Licensed family child care home</i>	<i>License-exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age- appropriate strategies (98.53 (a)(1)(i)(A)).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development				
	<i>Licensed center-based</i>	<i>License exempt center-based</i>	<i>Licensed family child care home</i>	<i>License-exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>

<p>Describe the content and funding:</p> <p>Through grant funding, supported by CCDF and local dollars, OSSE supports several CDA programs and provides scholarships that early childhood educators can use to complete an Associate in Arts (AA) or bachelor's degree program in early childhood. Both the CDA and degree programs supported with these funds cover competencies for promoting the social, emotional, physical, and cognitive development of children using scientifically based, developmentally appropriate, and age- appropriate strategies. DC CCC, the CCR&amp;R offers training on the DC Early Learning Standards and contracts with outside organizations to offer training on developmentally appropriate practices, social-emotional development, trauma-informed practice and care, and children's health and safety among other topics identified by surveying and working with the community. OSSE provides an online learning platform, through which the child care workforce can access health and safety and developmental training 24 hours a day, seven days a week. OSSE also partners with other District agencies, including DC Health, DBH, CFSA and DCPS to offer training and professional development in these areas.</p>	X	<input type="checkbox"/>	X		
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<p>ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool- age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).</p> <p>Describe the content and funding:  Through grant funding, supported by CCDF and local dollars, OSSE supports several venues through which early learning professionals develop knowledge and skills in implementing behavior management strategies, including through the CDA scholarship programs; associate and bachelor’s degree programs; DC CCC, the CCR&amp;R program, which organizes in-person and webinar-based trainings; and an online learning platform, Quorum. All of the aforementioned opportunities provide training and professional development on behavior management strategies and supports. Additionally, OSSE partners with the DCPS Early Stages program and the CCR&amp;R contracts with outside organizations to offer training and professional development in these areas. Healthy Futures, provided through DBH, provides early childhood mental health consultation and child-specific consultation, using evidence-based programmatic consultation and practices to support the family unit of young children and reduce problematic behaviors. Healthy Futures includes assessment and intervention with parents/families and caregivers, linkage with community resources and frequent evaluation for effective and appropriate technique and sustainable change. This professional service identifies findings and introduces techniques for improving child outcomes, reducing teacher stress and fostering attitudes and beliefs that support effective behavior management.</p>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
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<p>iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children’s positive development. (98.53(a)(1)(iv)).</p> <p>Describe the content and funding:  Through grant funding, supported by CCDF and local dollars, OSSE supports the CCR&amp;R program, which organizes in-person and webinar-based trainings, and an online learning platform. Family engagement and supporting parents to aid in their children’s learning at home are addressed both in trainings that CCR&amp;R organizes and those offered through the online platform. Some of these trainings directly address cultural inclusion. The CCR&amp;R also offers a series of weekly sessions for families that include workshops addressing topics such as child developmental stages, literacy and numeracy, social-emotional development, family financial literacy and advocating for your child. While these sessions are primarily targeted to families, early childhood educators can participate in them to learn strategies for engaging parents in culturally and linguistically appropriate ways.</p> <p>This topic is also covered through the DC Early Learning Standards training, as well as the family engagement indicator of the Capital Quality continuous quality improvement plan. Each participating Capital Quality provider completes a self-assessment of their current practices and receives technical assistance based on the areas of improvement that they identify.</p>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
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<p>iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).</p> <p>Describe the content and funding:  Through grant funding, supported by CCDF and local dollars, OSSE supports multiple CDA scholarship programs; associate and bachelor's degree programs in early childhood; the CCR&amp;R program, which organizes in-person and webinar trainings; and an online learning platform, Quorum. The associate and bachelor's degree programs address developmentally appropriate, culturally and linguistically responsive and evidence-based curricula and designing learning environments that are aligned with the standards. Additionally, the DC Early Learning Standards include standards addressing early childhood education through pre-K exit. OSSE also partners with DCPS Early Stages and the CCR&amp;R grantee contracts with outside organizations to offer training and professional development in these areas. Through the online learning platform, OSSE offers learning modules for inclusive practice, including culturally and linguistically responsive practices for infant, toddler and preschool programs. Additionally, OSSE received funding through the Supporting Equitable Educator Development (SEED) grant from the Trust for Learning to provide training for trainers and a curriculum to integrate anti-bias, anti-racist training into educator training curricula and materials.</p>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
				225	Page

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development				
	<i>Licensed center</i>	<i>License exempt center-based</i>	<i>Licensed family child care home</i>	<i>License-exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<p>v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.</p> <p>Describe the content and funding:  Through partnership with DBH, OSSE provides mental and behavioral health supports for children and families to child development providers enrolled in the QIN. These services are funded with local funds and funds from an EHS-CC Partnerships grant. Trainings for early childhood educators on community partnerships are offered through the CCR&amp;R program, as well as through technical assistance offered through Capital Quality. The CCR&amp;R program and Capital Quality are provided by grant funding, supported by CCDF and local dollars.</p>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

<p>vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).</p> <p>Describe the content and funding:  Use of data to guide program evaluation and ensure continuous improvement is embedded in Capital Quality through the annual self-assessment, known as the CQIP. The CQIP facilitates each participating early childhood development facility's self-evaluation of its program based on 10 quality indicators and includes review of ITERS-3, FCCERS-3 and/or CLASS data. Through this process, facility leadership identify short-term and long-term goals aimed at continuous quality improvement. The grantee that manages Capital Quality is funded through CCDF and local dollars. Additionally, trainings in use of data are provided by the CCR&amp;R in the CKA for program management, operation, and evaluation.</p>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
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<p>vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.</p> <p>Describe the content and funding:  The CCR&amp;R program, funded by CCDF and local dollars, provides training and supports focused on caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Workforce training is provided based on annual needs assessment and is targeted based on analysis of demand and utilization. Also, leveraging the EHS-CCP grant, the QIN provides coaching and technical assistance to directors and teachers to advance their learning and improve teaching practices that create individualized and responsive learning opportunities that support school readiness for children in communities with significant concentrations of poverty and unemployment. Targeted supports and training opportunities based on community needs are provided and updated on a regular basis.</p>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
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<p>viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B). Describe the content and funding:  OSSE's DEL Strong Start unit offers training in this area (e.g., inclusive practices), and OSSE partners with the DCPS Early Stages to offer training, including an overview of special education and how to administer the ASQ-3 and the ASQ:SE. Courses in these topics are also available through an online learning platform, Quorum. CCDF and local dollars fund the online learning platform as well as the CCR&amp;R program, which works with partners to offer the in-person and webinar trainings mentioned.</p>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
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<p>ix. Supporting the positive development of school-age children (98.53(a)(1)(iii).</p> <p>Describe the content and funding:  Through grant funding, supported by CCDF and local dollars, OSSE supports delivery of professional development through the CCR&amp;R program, which organizes in-person and webinar trainings; and an online learning platform, Quorum. These modalities have include PD addressing the needs of school-aged children, and in 2020 CCR&amp;R focused on increasing training for school-age children due to the increase in demand for school-age services during the public health emergency. CCR&amp;R continues to work with other District agencies to identify opportunities for additional training and other systems improvements related to serving this population, including participating in a working group dedicated to identify gaps and needs in relation to professional development and supports for educators serving school-age children. OSSE organizes elementary and secondary Science, Technology Engineering and Math (STEM), Arts (STEAM) integration professional development sessions and events, as well as professional development from Strong Start and DCPS' Early Stages programs.</p>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
<p>x. Other.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

		<i>Licensed center-based</i>	<i>License-exempt center-based</i>	<i>Licensed family child care home</i>	<i>License exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
X	i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
X	ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
X	iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

X	iv. Other. Describe: Financial aid and other resources to pursue post-secondary education relevant for the early childhood and school-age workforce are provided through a Help Desk Roadshow, which provides in-person information related to higher education resources, and through the ECE Help Desk, which is always available to answer questions and provide supports for early educators seeking post-secondary opportunities. OSSE also provides college fairs and computer hours to complete financial aid applications on Saturdays prior to the beginning of a new higher education semester.	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
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**6.3.2** Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. |

OSSE uses a variety of indicators to track progress in supporting training and professional development of the Child Care Workforce. Specifically, OSSE tracks the following related to training and PD: 1) PD registration rates; PD participation rates; 3) utilization of course offerings; 4) highest rates of attendance based on topic, as well as time/day of the week; 5) PD satisfaction rates; and 6) an annual PD survey developed to support providing offerings based on identified needs and interests. OSSE also takes into consideration areas for improvement identified by performance on the observation metrics, the ERS and CLASS®. OSSE also develops goals and indicator for the scholarship programs that are funded through OSSE. For the scholarship program, OSSE sets annual enrollment goals for both the CDA program, as well as the associate and bachelor’s degree program. When considering the CDA program, OSSE tracks the following: 1) community engagement/recruitment opportunities; 2) enrollment rates; 3) CDA completion rates; 4) cohort information, such as cohort primary language (i.e., Amharic, English, or Spanish); 5) renewal supports provided; 6) supports provided for scholars who completed their coursework on the online learning system. For the associate and bachelor’s degree program, OSSE tracks the following: 1) community engagement/recruitment; 2) applicants; 3) number of enrolled scholars; and 4) number of students who matriculate in a given year.



OSSE also surveys the workforce at least once annually to confirm the status of the workforce and track progress towards meeting credential requirements. Survey responses provide indicators of whether early educators: 1) have completed an education program; 2) are enrolled in an education program; or 3) are not currently enrolled in an education program. This helps OSSE target supports and education needs by ward and by facility.

## 6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

*i.* Are research-based.

OSSE published the updated District of Columbia Early Learning Standards (DC ELS) in 2019. The updated edition of the DC ELS is a response to the evolution of the standards movement in early care and education throughout the country. The DC ELS include alignment with the Common Core State Standards for English Language Arts and Mathematics (2010) as well as the Next Generation Science Standards (2013). The standards are also aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five (2015), thus ensuring that all children receive the same standards-based instruction and appropriate learning experiences regardless of program auspices.

*ii.* Developmentally appropriate.

DC ELS are research-based and intentionally broken down by age levels appropriate for the growth and development continuum. Those age levels include infants, toddlers, 2-year-olds, preschoolers, pre-K exit expectations and kindergarten exit expectations to ensure developmentally appropriate practice (DAP) and standards by subject.

*iii.* Culturally and linguistically appropriate.

The DC ELS is designed to outline developmental trajectories for children from a variety of backgrounds with differing abilities. The DC ELS is published in seven languages including English, Spanish, Amharic, Korean, Mandarin Chinese, Vietnamese and French. Indicators, examples and supportive practices are culturally sensitive and inclusive of children and families diverse backgrounds.

*iv.* Aligned with kindergarten entry.

The DC ELS include indicators for infants, toddlers, 2-year-olds and preschoolers, as well as exit expectations for children leaving pre-K and kindergarten. The kindergarten exit expectations mirror the Common Core State Standards for English Language Arts and

## Mathematics and the Next Generation Science Standards (NGSS)

- v. Appropriate for all children from birth to kindergarten entry.

The DC ELS include indicators for infants, toddlers, 2-year-olds and preschoolers, as well as exit expectations for children leaving pre-K and kindergarten. These standards provide parents and teachers with information about expectations for what children know and are able to do and describe how children progress at various ages and development levels. They focus on the whole child and include a broad range of domains because young children's learning and development are interrelated and cross all areas of learning.

- vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

OSSE consulted and worked with the SECDCC, local educational agencies (LEAs), CBOs and other stakeholders to create an implementation plan that laid out activities for the state, partners and LEAs to accomplish and the timeline for doing so. Representatives from each stakeholder group were also included in the revision process and on committees based on their area of expertise. The rollout plan for the updated standards included training for LEAs and CBOs.

- b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

- i. Cognition, including language arts and mathematics.

Fourteen standards cover these domains, including the following:

- Demonstrates understanding of spoken language;
- Uses language to express self;
- Uses conventional grammar and syntax;
- Uses conventional conversational and other social communication skills;
- Demonstrates understanding of print concepts;
- Demonstrates comprehension of printed materials read aloud;
- Hears and discriminates the sounds of English and/or home languages;
- Writes letters and words;
- Understands the purpose of writing and drawing;
- Matches, groups and classifies objects;
- Demonstrates knowledge of numbers and counting;
- Demonstrates knowledge of volume, height, weight and length;
- Identifies and labels shapes; and
- Demonstrates understanding of positional words.

- ii. Socialdevelopment.

The social and emotional domain includes six standards for children's learning and development:

- Expresses a variety of feelings and learns to manage them;
- Recognizes the feelings and rights of others and responds appropriately;
- Manages own behavior;
- Develops positive relationships with adults;
- Engages and plays with peers; and
- Resolves conflicts with others.

- iii. Emotional development

The social and emotional domain includes six standards for children's learning and development:

- Expresses a variety of feelings and learns to manage them;
- Recognizes the feelings and rights of others and responds appropriately;
- Manages own behavior;
- Develops positive relationships with adults;
- Engages and plays with peers; and
- Resolves conflicts with others.

iv. Physical development.

This domain includes two standards for children’s learning and development:

- Demonstrates strength and coordination of large muscles; and
- Demonstrates strength and coordination of small muscles.

This domain also includes health and safety standards that cover the following:

- Demonstrates behaviors that promote health and safety; and
- Demonstrates competent eating behaviors through the maintenance of positive eating attitudes, optimal food acceptance skills, self-regulation of food intake, mindful food choices and positive body image.

v. Approaches toward learning.

This domain includes four standards for children’s learning and development:

- Attends and engages with curiosity;
- Shows persistence;
- Approaches tasks flexibly; and
- Uses symbols and takes on pretend roles.

vi. Describe how other optional domains are included, if any:

The DC ELS also has a set of standards under Science and Engineering and the Arts, which include:

- Investigates living things;
- Investigates physical objects;
- Investigates characteristics of Earth and space;
- Investigates engineering;
- Engages in music and movement activities;
- Engages in drama activities; and
- Explores the visual arts.

c. Describe how the state/territory’s early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The DC Common Core Early Learning Standards (DC CCELS) were originally adopted in 2012. In May 2017, OSSE launched a process to review the DC CCELS with a goal of considering additions in key areas to better align with the Head Start Early Learning Framework, Next Generation Science Standards, arts integration and to address the needs of dual or multi language learners. OSSE collaborated and worked with several stakeholders, including individuals from local education agencies, national agencies, federal agencies, child care providers and experts working with the WestEd Mid Atlantic Comprehensive Center in reviewing and updating the DC CCELS. A draft of the enhanced standards was shared with different stakeholders within the District before finalizing the document. In October 2019, the updated DC ELS and implementation plan were completed. The Division of Early Learning will continue to follow activities set in the implementation plan and will continually look for ways to keep the standards up to date.

- d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards. N/A
- e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.  
<https://osse.dc.gov/publication/district-columbia-early-learning-standards-dc-els>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

The primary purpose of the DC ELS is to ensure that children in the District of Columbia have the kinds of rich and robust early learning experiences that prepare them for success in school and for lifelong learning. The DC ELS includes indicators for infants, toddlers, 2-year-olds and preschoolers, as well as exit expectations for children leaving pre-K and kindergarten. The kindergarten exit expectations mirror the Common Core State Standards for English Language Arts and Mathematics and the NGSS.

To achieve this goal, the Early Learning Standards should be used as:

- A resource for guiding the selection and implementation of curriculum;
- A focus for discussion by families, educators, community members and policymakers regarding the care and education of young children;
- A guide for selecting assessments appropriate for children from a variety of backgrounds with differing abilities;
- A guide for planning experiences and instruction that enable children to make progress in meeting the standards; and
- A framework for planning professional development opportunities for education staff.

- 6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).  
 Local funds are used to develop, maintain or implement the DC ELS.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments

through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that

while Lead Agencies have the flexibility to define “high quality” and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory’s needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment.

Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

OSSE has recently completed multiple needs assessments for early childhood care and education in the District of Columbia, including the Preschool Development Grant Birth to Five (PDG B-5) needs assessment ([https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/PDG%20B-5%20Truncated%20Needs%20Assessment%206.4.20.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/PDG%20B-5%20Truncated%20Needs%20Assessment%206.4.20.pdf)) and the EHS-HS Needs Assessment for the District of Columbia (<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/OSSE%20CNA%20Report.pdf>), which was conducted by Child Trends. Both of these needs assessments took a comprehensive approach to assessing the current state and needs of early childhood in the District of Columbia, including child and family demographics, early learning and other programs supporting young children and their families; quality, accessibility, reach of and gaps in existing programming; and strengths, weaknesses, and implications for efforts to improve early childhood outcomes and supports for children, families and communities. And both needs assessments provided rich information on existing quality and supply of child care services in the District, as well as strengths, weaknesses, challenges and opportunities to increasing access to and quality of care. On an ongoing basis, Capital Quality, the District’s QRIS, provides information about the quality of care as assessed using evidence based observational tools, the Infant/Toddler Environment Rating Scale – Third Edition (ITERS-3), Family Child Care Environment Rating Scale – Third Edition (FCCERS-3) and CLASS® which are conducted annually for providers participating in Capital Quality. The first ratings under Capital Quality occurred in fall 2019 and provide information about the current distribution of quality among child development facilities in the District. Collection of ITERS, FCCERS and CLASS Pre-K data was paused from spring 2020 through spring 2021 due to coronavirus (COVID-19) public health emergency but will continue annually once data collection and the rating process are able to resume. In addition to the formal assessments, child care providers participating in Capital Quality complete a Continuous Quality Improvement Plan (CQIP) that includes a self-assessment aligned with 10 evidence-based quality standards. OSSE and the Capital Quality grantee review CQIP data annually to inform the resources and supports made available to providers through Capital Quality and for all child care providers in the District.

- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any

available evaluation or research related to the findings.

The PDG B-5 needs assessment ([https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/PDG%20B-5%20Truncated%20Needs%20Assessment%206.4.20.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/PDG%20B-5%20Truncated%20Needs%20Assessment%206.4.20.pdf)) and the EHS and HS Needs Assessment for the District of Columbia ([https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/PDG%20B-5%20Truncated%20Needs%20Assessment%206.4.20.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/PDG%20B-5%20Truncated%20Needs%20Assessment%206.4.20.pdf)), identified a number of themes, several of which inform overarching goals for quality improvement in the District of Columbia:

First, wards 7 and 8 lack sufficient high-quality early care and education for infants and toddlers, before- and after-care for school-aged children, and nontraditional-hours' care for children under age 12.

Second, there is a need for more training, coaching and postsecondary opportunities and supports to retain and develop the early childhood workforce.

Third, there are needs to build capacity of the early childhood workforce and programs to implement trauma informed practices and support mental health of children, families, and the early childhood workforce.

Fourth, there is a need for further training and supports on working with children who have special needs and culturally and linguistically diverse families.

Capital Quality data provides additional insights on specific strengths and weaknesses of quality within child development facilities:

In the 2018-19 program year, OSSE found over 90 percent of all pre-K classrooms in the District met or exceeded the District's established floors in each of three domains of the CLASS® ( Emotional Support, Classroom Organization, and Instructional Support) , but the percentage of programs meeting or exceeding the target was much higher for Emotional Support and Classroom Organization compared to Instructional Support, suggesting a need to focus quality improvement in this domain. Data also showed that Emotional Support and Classroom Organization domain scores have remained stable over the past five years while the average Instructional Support score has increased, suggesting that strategies to improve Instructional Support are producing results.

For the ITERS-R, OSSE found that 81 percent of classrooms met or exceeded the floor although no classrooms met the target. For the FCCERS-R OSSE found that 65 percent of classrooms met or exceeded the floor and 10.5 percent met or exceeded the target. Because observation data from these measures is only available for 2017-18 and 2018-19, it is not yet possible to track trends over time.

These findings help OSSE target training and professional development, particularly towards trainings focused on the DC Common Core Early Learning standards to improve those teacher-child interactions measured by the Instructional Support domain and towards trainings focused on infant/toddler teachers and family child care homes.

## 7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing.

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
a. Supporting the training and professional	<input type="checkbox"/> i. CCDF funds		6.3

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
development of the child care workforce as discussed in 6.2.	<input type="checkbox"/> ii. State general funds		
b. Developing, maintaining, or implementing early learning and developmental guidelines.	<input type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds		6.4
c. Developing, implementing, or enhancing a tiered quality rating and improvement system.	<input type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds		7.3
d. Improving the supply and quality of child care services for infants and toddlers.	<input type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds		7.4
e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7.	<input type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds		7.5



f. Facilitating Compliance with State Standards	<input type="checkbox"/> i. CCDF funds		7.6
	<input type="checkbox"/> ii. State general funds		
g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory.	<input type="checkbox"/> i. CCDF funds		7.7
	<input type="checkbox"/> ii. State general funds		
h. Accreditation Support	<input type="checkbox"/> i. CCDF funds		7.8

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
	<input type="checkbox"/> ii. State general funds		
i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.	<input type="checkbox"/> i. CCDF funds	\$30,704 in funds from the EHS-CCP Grant.	7.9
	<input type="checkbox"/> ii. State general funds		
j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible.	<input type="checkbox"/> i. CCDF funds		7.10
	<input type="checkbox"/> ii. State general funds		

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of

## Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Describe

**Yes, the state/territory has a QRIS operating statewide or territory-wide.**

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

The District's QRIS, Capital Quality, is administered statewide. OSSE serves as the lead agency and a grantee provides one-on-one technical assistance and coaching to child development homes and centers through early childhood coaching professionals, known as Quality Facilitators. Capital Quality includes 10 quality indicators that early childhood care and education providers use to complete a web-based self-assessment of their child development homes and centers. These 10 quality indicators include: 1) curriculum and instruction are aligned to DC ELS; 2) Formal and informal assessments are aligned to curriculum; 3) Formal and informal assessments are implemented; 4) Data are used to inform instructional and professional practices (CLASS® ITERS-3 and/or FCCERS-3 are used to inform instructional and professional practices); 5) Culturally and linguistically responsive practices are implemented; 6) Inclusion practices are implemented; 7) Developmental screenings are implemented; 8) Early care and education professionals meaningfully engage in professional development; 9) Family engagement promotes positive and goal-oriented relationships; and 10) Mission statements are reflective of both the program and the families served. OSSE collects and analyzes data from CQIP self-assessment annually to inform the resources and supports providers receive as participants in Capital Quality. OSSE also collects feedback on the CoP meetings and on providers' experience with their quality facilitators. In addition to the self-assessment, OSSE collects and analyzes the CLASS®, ITERS-3 and FCCERS-3 data to evaluate progress and determine areas where supports are needed. The following is a link to the Capital Quality website, which provides additional information: <https://osse.dc.gov/page/capital-quality-qr>.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.
- e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory’s QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

i. Participation is voluntary.

- ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

According to Section 102 of the DCMR Title 5, Chapter 5-A1, child development facilities that receive CCDF funding must participate in the District’s Capital Quality, the District’s QRIS, while licensed non-subsidy providers may elect to participate. The Capital Quality designation determines the tiered reimbursement rate for subsidy providers. In Capital Quality, subsidy providers are reimbursed based on four designations, or tiers (Developing, Progressing, Quality and High-Quality), with the highest level of quality receiving the highest tiered reimbursement rate.

iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory’s QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State pre-kindergarten or preschool programs
- vii. Local district-supported pre-kindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xiv. Other. Describe:

c. Describe how the Lead Agency’s QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings

which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments? The District developed its QRIS, Capital Quality, to be reflective of and responsive to the different types of provider settings participating in the QRIS. The 10 quality indicators included in Capital Quality reflect dimensions of quality early education practices that are applicable across the range of settings in which young children birth to five are served, and are flexible enough to define quality in home, expanded home, center and school environments, as well as for centers serving infants, toddlers, and preschool-aged children. The CQIP process is intentionally designed to support child development providers in self-assessing what quality in their program looks like against these standards, identifying improvement goals based on individual program data and context and to support quality facilitators in tailoring coaching, technical assistance and supports to the needs of individual programs across center, home and expanded home contexts and for varying ages of children served. The observation measures used in licensed child care centers, the ITERS-3 and CLASS<sup>®</sup>, are specific to those settings, and the observation measure used in licensed family child care homes, the FCCERS-3, is specific to those settings. All observation measures used are valid and reliable measures of early care and education program quality and accurately measure quality across different program types such as EHS, state pre-kindergarten (i.e., the District's PKEEP), faith-based settings and other programs. Currently, Capital Quality focuses only on programs serving children birth through 5, although programs that serve infants, toddlers and/or preschoolers and also offer out of school time care may receive a rating based on their programs serving children birth through five.

- 7.3.3 Identify how the state or territory supports and assesses the quality of child care providers. The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.3.3 through 7.3.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No**
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - a. 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, there is a reciprocal agreement between pre-K programs and the Quality Rating and Improvement System).
  - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the Quality Rating and Improvement System).

- c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other. Describe:

7.3.4 Do the state/territory’s quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes**. If yes, check any links between the state/territory’s quality standards and licensing requirements.
  - a. **Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.**
  - b. Embeds licensing into the QRIS.
  - c. State/territory license is a “rated” license.
  - d. Other. Describe:

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- No
- Yes**. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License exempt care in the provider’s home	In-home (care in the child’s own home)
One-time grants, awards, or bonuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing or periodic quality stipends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher subsidy payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training or technical assistance related to QRIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching/mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarships, bonuses, or increased compensation for degrees/certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials and supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Priority access for other grants or programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax credits for providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax credits for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment of fees (e.g. licensing, accreditation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Other:

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The measurable indicators of progress relevant to subsection 7.3 that the Lead Agency uses to evaluate its progress in improving the quality of child care programs and services within the District of Columbia are:

- The number and percentage of licensed child development facilities participating in Capital Quality, including both programs that participate in the District’s child care subsidy program and are required to participate in Capital Quality, and those that choose to do so on a voluntary basis
- The number and percentage of Capital Quality participating facilities receiving each Capital Quality designation:
  - Developing
  - Progressing
  - Quality
  - High-Quality
  - Preliminary (this designation is given to programs that have newly entered Capital Quality and not yet received a designation based on valid and reliable observational measures)

The Lead Agency uses these measurable indicators to track the impact of all the District’s efforts to improve the quality of child care and increase the supply of quality care for young children in the District, including but not limited to those related to subsection 7.3.

Currently, 241 of 477 licensed child development facilities, or just over 50 percent, participate in Capital Quality. The Lead Agency aims to entice providers to participate in Capital Quality through increased reimbursement rates for child care subsidy providers that

earn higher quality designations as well as access to training, technical assistance, one-on-one coaching and other supports for participating providers. In addition, the District seeks to create an additional incentive for providers to participate in Capital Quality by building community and family awareness of Capital Quality and encouraging families to use Capital Quality as a resource in identifying high-quality child care options. The quality rating and additional information about Capital Quality providers are included in the public-facing profile that are part of MCCDC, the District's consumer website, to encourage families to consider Capital Quality ratings in selecting child care providers.

The Lead Agency has established a goal that at least 50 percent of child development programs participating in the subsidy program will achieve designations of quality or high quality. In fall 2019, 41.2 percent of child development facilities participating in the subsidized child care program achieved a designation of quality or high quality.

#### 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

- 7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

	<p><b>Activities available to improve the supply and quality of infant and toddler care.</b></p>	<p><b>Licensed center-based</b></p>	<p><b>License exempt center-based</b></p>	<p><b>Licensed family child care home</b></p>	<p><b>License exempt family child care home</b></p>	<p><b>In-home care (care in the child's own home)</b></p>
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<input type="checkbox"/>	<p>a. Establishing or expanding high- quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers’ capacity to offer high-quality, age- appropriate care to infants and toddlers from low-income families. Describe:</p> <p>OSSE received one of eight state level EHS-CCP grants to provide high-quality, comprehensive, early childhood development services to at-risk children in wards 1, 4, 5, 6, 7 and 8; the wards demonstrating the most need and which have the highest at-risk populations. These funds were layered with local funds supported by the Early Learning Quality Improvement Network Amendment Act of 2015 to create and support community-based QIN comprised of two neighborhood-based hubs (one of the two are funded by local and federal funds and one of the two is funded by local funds only) that are responsible for providing comprehensive services and quality improvement technical assistance to a network of child development centers and child development homes. These centers and homes agreed to meet EHS Program Performance Standards and use funds to provide services to EHS-eligible and low-income children through converting existing subsidy slots or adding EHS-CCP slots. Funds are used to cover technical assistance and the provision of comprehensive services. At the time of writing, this grant has contributed to the following outcomes: provision of service to 366 children (using federal funds) and an additional 294 (using local and philanthropic funds). The first iteration of the federally funded grant concluded in the fall of 2019 and a new QIN grant was awarded for the period 2019 – 2024. OSSE also received additional federal funding to expand the QIN.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<p>b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care. Describe:</p> <p>As part of the QIN, OSSE awarded a locally funded grant to a CBO to serve as a hub and provide technical assistance and training and coordinate comprehensive services for a network of child development homes that primarily serve infants and toddlers. The hub agency supports 18 child development home providers. The hub is supporting the network in achieving EHS quality in their programs. The hub provides continuous job embedded professional development and coaching to the staff, comprehensive services, health services, support in nutrition and wellness, as well as support to engage families in the programs. OSSE also used CCDF, Coronavirus Response and Relief Supplemental funds, and local funds to support shared services business-services for child development homes to enhance efficiencies and allow home providers to have more time and resources to focus on quality improvement strategies.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<p>c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: OSSE's approved professional development offerings, available through the CCR&amp;R program, Quorum, and the PDIS, include numerous professional development opportunities specifically focused on building early educators' ability to provide developmentally appropriate services for infants and toddlers. The District networks with sister agencies and partner organizations to provide free training and technical assistance, including the following courses specific to infants and toddlers: The DC ELS; ITERS-3 and FCCERS-3 training; Stewards of Children; Nutrition for Infants and Toddlers; ASQ; Developmentally Appropriate Practice for Infants and Toddlers; and Trauma and Resilience: Building Strength in Children. Early childhood educators can also access scholarships through the OSSE-funded Early Childhood Education Workforce College Development Program or a separate scholarship program operated by UDC to complete UDC's associate degree program with an infant/toddler course concentration.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<p>d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists. Describe:</p> <p>The District develops and maintains a number of networks of qualified infant-toddler specialists who support child development centers and homes by providing coaching, mentoring and/or technical assistance on infants' and toddlers' unique needs. These networks include the grant-funded QIN coaches, grant-funded QRIS quality facilitators and TAP trainers. The QIN coaches and infant and toddler specialists are trained in the Program for Infant/Toddler Care (PITC) coaching model and provide weekly coaching and support to infant and toddler teachers. QIN coaches also work directly with child development centers and homes onsite to provide coaching and technical assistance toward alignment to EHS Program Performance Standards. QRIS quality facilitators coach center directors and home providers in the development of a continuous quality improvement plan for their facility, providing tailored technical assistance around 10 quality indicators. These services are free-of-cost to child development centers and homes, and both the QIN and QRIS networks facilitate opportunities for peer mentoring through ongoing community of practice sessions for center directors and home providers.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<p>e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: OSSE is the lead agency for the District's Early Intervention (Part C) Program (DC EIP). The mission of the DC Early Intervention Program is to identify and serve infants and toddlers, birth through 2 years, with developmental delays and disabilities and their families. As the single point of entry for infants and toddlers with suspected developmental delays and disabilities from birth to the third birthday, DC EIP identifies and evaluates infants and toddlers with suspected developmental delays and provides high-quality, age-appropriate early intervention services for eligible infants/toddlers and their families. DC EIP coordinates services in a caring manner that supports the culture and meets the needs of families. OSSE incorporates the requirements under IDEA, Part C - Comprehensive System of Personnel Development (CSPD); monitoring and compliance; fiscal oversight; training and technical assistance; data collection and reporting; public awareness; procedural safeguards and policy development. In its overall administration, DC EIP maintains both in-house and contracted staff to provide child find; evaluation/assessments; direct early intervention services; and service coordination. DC EIP serves more than 2,000 children and their families per year.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<p>f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe:  The District's QRIS, Capital Quality, is inclusive of settings serving children birth-5, including infants and toddlers. As of October 2021, OSSE uses the ITERS-3 and FCCERS-3 for annual assessments in classrooms and family child care homes serving infants and toddlers. Providers receive training and support leading up to and following the annual assessment.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<p>g. Developing infant and toddler components within the state/territory's child care licensing regulations. Describe:  The licensing regulations have standards that are specific to Infants and toddlers. Some examples include ratio, group size, indoor program space requirements, and general furnishing, food and nutrition, equipment and supplies requirements.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<p>h. Developing infant and toddler components within the early learning and developmental guidelines. Describe:</p> <p>OSSE published the updated DC ELS in 2019. DC ELS are research-based and intentionally broken down by age-levels appropriate for the growth and development continuum. Those age levels include infants, toddlers, 2s, preschoolers, pre-K and kindergarten to ensure DAP and standards by subject. DC ELS also include indicators for infants, toddlers, 2s and preschoolers, as well as exit expectations for children leaving pre-K and kindergarten. These standards provide parents and teachers with information about expectations for what children know and are able to do and describe how children progress at various ages and development levels. They focus on the whole child and include a broad range of domains because young children's learning and development are interrelated and cross all areas of learning.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<b>Activities available to improve the supply and quality of infant and toddler care.</b>	<b>Licensed center-based</b>	<b>License exempt center-based</b>	<b>Licensed family child care home</b>	<b>License exempt family child care home</b>	<b>In-home care (care in the child's own home)</b>
	<p>i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: OSSE awarded a grant to one primary CBO, which oversees both the QRIS, Capital Quality, and the CCR&amp;R to provide consumer education to families for the period 2019-2023. The CCR&amp;R provides families with a provider listing and current QRIS rating information that meets their identified needs. This information is also available on the MCCDC website, where families may register for and compare child care options in their selected area and for their selected age group. MCCDC serves as a hub for both providers and families to access information related to licensed child development facilities across the district. This website also lists the Capital Quality designation for subsidized and other participating programs. Additionally, informational brochures are distributed to parents that address the importance of quality and different child care options in the District. CCR&amp;R shares program information with families seeking child care through a variety of mediums including an online database, walk-in consultation, email and phone referrals.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

<input type="checkbox"/>	<p>j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.</p> <p>The EHS-CCP grant increases the supply of high-quality infant and toddler care in DC by providing a model for scaling up quality improvement efforts for infants and toddlers across the District. OSSE leveraged the EHS-CCP grant to develop the QIN. The QIN increases access to comprehensive child development and family support services. The locally funded A2Q Child Care Expansion Grant makes grants for child development facility construction or renovation to create new infant and toddler slots in the District. Providers who operate in or plan to expand to underserved areas are prioritized to receive this funding. The first round of A2Q grants increased the number of available infant and toddler slots by 1,244 through September 2020.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<p>k. Coordinating with child care health consultants. Describe:</p> <p>NA</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<p>I. Coordinating with mental health consultants. Describe:          Infants and toddlers enrolled in the QIN classrooms have access to mental health consultation via an interagency agreement with the DBH. Each participating provider is assigned a mental health consultant to work with on a weekly basis. OSSE is partnering with DBH to expand access to mental health consultation during the period of the FY2022-24 CCDF Plan.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<p>m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program. Describe: OSSE coordinates with the CCR&amp;R program on collecting vacancy information at the same time they are confirming the facility's open/closed status. The information is tracked through a data system showing a breakdown by age, location and quality level and shared with OSSE on a weekly basis. OSSE is also using CRRSA funds to enhance the capacity of the CCR&amp;R to collect and use data on vacancies and exploring how work currently underway to update OSSE's internal data systems can further enhance these efforts.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<p>n. Other. Describe:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child

care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Through Capital Quality, the District's QRIS, OSSE measures the quality of child care programs serving infants and toddlers using the ITERS-3 (for child development centers) and FCCERS-3 (for child development homes and expanded homes). ITERS-3 is an observation measure designed to assess programs serving children from birth to 30 months. It measures spatial, programmatic and interpersonal features of the program environment. FCCERS-3 is an observation measure designed to assess family child care programs conducted in a provider's home for children from infancy through school age. Similarly, it measures spatial, programmatic and interpersonal features of the program environment. These two measures contain measurable indicators that can help OSSE to track progress related to improvements in the health and safety of children (e.g., adequate space and furnishings, appropriate personal care routines) for infant and toddlers in center-based care and family-home provider care.

OSSE has adopted evidence-based floors (3 on a 1 to 7 scale) and targets (6 on a 1 to 7 scale) for each both ITERS-3 and FCCERS-3 and tracks progress on the programs' progress toward the target scores (e.g., 6) for the ITERS-3 and FCCERS-3 subscales. In 2018-19 81 percent of infant-toddler classrooms met or exceeded the floor on the ITERS-3 although no classrooms met the target. For the FCCERS-R, 65 percent of homes met or exceeded the floor and 10.5 percent met or exceeded the target. Because observation data from these measures is only available for 2017-18 and 2018-19, it is not yet possible to track trends over time.

These findings help OSSE target training and professional development, particularly towards trainings focused on the DC Common Core Early Learning standards to improve those teacher-child interactions measured by the Instructional Support domain and towards trainings focused on infant/toddler teachers and family child care homes.

To address the shortage of infant-toddler care in the District, OSSE also tracks progress on indicators of infant-toddler supply, including the number of licensed slots available for infants and toddlers, the number of infant and toddler slots in programs that participate in the child care subsidy system, and the number of slots available in underserved communities in Wards 7 and 8. OSSE also tracks indicators of progress for specific investments in increasing infant and toddler supply, such as the A2Q Child Care Expansion Grant program, which created 1,244 new infant and toddler slots from 2018-2020.

These indicators all contribute to measuring progress toward OSSE's strategic goal that the percentage of infants and toddlers in programs achieving "quality" and "high-quality" designations in Capital Quality will increase over time and that 1,500 more infants and toddlers will be enrolled in quality or high-quality programs by the end of 2023 (compared to 2019), as set in OSSE's strategic plan (<https://osse.dc.gov/strategicplan>).

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

#### 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

OSSE provides a grant to a local CBO to operate the state-wide CCR&R program, providing families and providers with responsive services and evidence-based supports that promote improved access to high- quality early care and education in the District of Columbia. The CCR&R includes a hotline, two walk-in service centers with lending libraries, and a website to improve access to and awareness of community resources that improve family engagement and the home-school connection. CCR&R also hosts weekly opportunities for families to engage in learning opportunities aimed at supporting their children, as well as additional topics based on the needs of the community served. The CCR&R is also responsible for the implementation of the TAP and PD course offerings.

#### 7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The CCR&R system tracks each contact made with families, providers and others by phone, by email, on their website and in person. This information is tracked in a QuickBase application and is reviewed and analyzed on a monthly basis. Enrollment, attendance and professional development offerings are also tracked to help better coordinate services for families and providers. Measurable indicators include: the numbers of contacts made with families (e.g., for child care referrals) and providers (e.g., for technical assistance); visits to the website and lending libraries; books and other resources downloaded and borrowed from the website and lending libraries; and enrollment and attendance at the professional development trainings.

## 7.6 Facilitating Compliance with State Standards

#### 7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5. Describe:

OSSE uses CCDF quality funds to train child care providers on the District's health and safety requirements. The trainings increase child care providers' knowledge of the policies and standards outlined in the Child Development Facility Licensing Regulations. Additionally, CCDF quality funds are used to support training and professional development offered through the PDIS and Quorum platforms. These platforms facilitate trainings on a host of early childhood education topics, including pre-service, orientation and annual health and

safety training. Health and safety training requirements can be tracked for each individual employee through a tracker embedded in the dashboard of the PDIS.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

YES. If yes, which types of providers can access this financial assistance?

a. Licensed Child Care Development Fund (CCDF) providers

b. Licensed non-Child Care Development Fund (CCDF) providers

c. License-exempt Child Care Development Fund (CCDF) providers

d. Other. Describe:

**7.6.3** Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

OSSE tracks progress in improving the quality of child care through the District's QRIS, Capital Quality. As a foundational basis for health and safety (the baseline for quality), child development facilities must comply with the child care requirements and OSSE staff ensures that these facilities meet these minimum standards of care. Measurable indicators of increased health and safety practices include reductions in reports of serious injuries and health and safety violations during unannounced visits by licensing specialists.

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

As part of Capital Quality, the District's QRIS the Lead Agency uses CCDF and local funds to engage third party vendors to collect valid and reliable observations of program quality for all infant, toddler, and preschool center-based classrooms and child development homes and expanded homes participating in Capital Quality, as well as all Pre-K classrooms in public schools in the District, using the following evidence-based assessments:

- ITERS-3 (for infant and toddler classrooms in child development centers)

- 

- (CLASS® Pre-K (for preschool classrooms in child development centers and pre-k 3 and 4 classrooms in public schools)

- FCCERS-3 (for child development homes and expanded homes)

Depending on the type of setting (i.e., center-based or family-based provider) and the age ranges of the children served (e.g., preschool-age only, birth to 5) in the facility, the results of

one or more of these measures (CLASS® Pre-K, ITERS-3 and/or FCCERS-3) are used to calculate a facility's Capital Quality rating, which translates into a Capital Quality designation of developing, progressing, quality and high-quality. These tools provide a common measure of quality that informs consumers and helps target investments and planning in early childhood care and education. This common measure of quality means that there is alignment of quality standards across child development homes, centers and publicly funded pre-K that is focused on positive outcomes for children.

OSSE has adopted evidence-based floors and targets for each measure, based on publisher recommendations and analysis of national data and research on each tool. ITERS-3 and FCCERS-3 the floor is 3 and the target is 6 (on a 1 to 7 scale). CLASS® yields three program-level domain scores on a scale of 1 to 7 for CLASS®, floors are 4.5 for the Emotional Support and Classroom Organization domains and 2 for the Instructional Support domain, and targets are 5 for the Emotional Support and Classroom Organization domains and 4 for the Instructional Support domain. CLASS® Pre-K, ITERS-3, and FCCERS-3 observations were paused for Capital Quality purposes from spring 2020 through spring 2021 due to the public health emergency, although a small number of programs were able to receive CLASS® observations on a voluntary basis in spring 2021. OSSE expects to resume observations for all Capital Quality providers on an annual basis once public health conditions and guidance permit.

- 7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency uses data from the CLASS® Pre-K, the ITERS-3 and FCCERS-3, to track progress in improving the quality of child care programs in a variety of ways:

- Data on the percentage of classrooms and homes or expanded homes achieving the floor and target on each indicator are tracked, with the goal of increasing the percentage of classrooms or homes/expanded homes achieving the target and decreasing the percentage below the floor.
  - In 2018-19, 81 percent of infant-toddler classrooms met or exceeded the floor on the ITERS-3 although no classrooms met the target.
  - In 2018-19, 65 percent of homes met or exceeded the floor on the FCCERS-R, and 10.5 percent met or exceeded the target.
  - In 2018-19, 14 percent of pre-k classrooms (including both public school pre-k classrooms and preschool classrooms in child development centers) met or exceed the target across all three CLASS® domains and 48 percent exceeded the floor across all domains.
  - Information on programs meeting or falling below the floors and targets for each valid and reliable indicator is also used to inform and target professional development and technical assistance resources and offerings for child care programs and staff, as is information on the percentage of classrooms scoring above and below the floor and target for each of the three CLASS® domains (e.g. emotional support, instructional support, classroom organization).
- As described in subsection 7.7.1, Capital Quality Ratings are calculated using the observable indicators of quality (CLASS®, ITERS-3, FCCERS-3) as appropriate to the

setting an age of children served by each participating child development facility. As described in subsection 7.3, the Lead Agency tracks the number and percentage of child development facilities receiving each Capital Quality designation as a measurable indicator of the District's progress in improving the quality of child care programs and services.

OSSE aims to have at least 50 percent of child development programs with designations of quality or high-quality during the performance period. Currently, 41.2 percent of child development facilities participating in the subsidized child care program have a designation of quality or high quality. The baseline data from the first Capital Quality ratings in Fall 2019 show: 16 percent designated High-Quality; 35 percent designated Quality; 45 percent designated Progressing; and four percent designated Developing of 172 total licensed, participating facilities (as of Dec. 1, 2020) rated in fall 2019. An additional 58 licensed, participating facilities are designated Preliminary because they did not have two years of observation data for, or started participation in the QRIS after, the fall 2019 rating process.

## 7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?
- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:
- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:
- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.
  - i. Focused on child care centers. Describe:
  - ii. Focused on family child care homes. Describe:
- e. No, but the state/territory is in the in the development phase of supporting accreditation.
  - i. Focused on child care centers. Describe:
  - ii. Focused on family child care homes. Describe:
- f. **No, the state/territory has no plans for supporting accreditation.**

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the



state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

## 7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

- a. Infants and toddlers
- b. Preschoolers
- c. and/or School-age children.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

## 7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

The District of Columbia seeks to address racial and social inequities throughout the city by improving the well-being of children from birth and continuing through early childhood.

In 2019, OSSE, DEL in 2019 combined three previously separate grants supporting QRIS, CCR&R and the SSBA into one grant, the Building and Sustaining Quality Early Care and Education Grant. By combining the three program areas into one grant, OSSE is able to work with the Building and Sustaining Quality grantee and its partners and subgrantees to ensure alignment of strategies and enhance collaboration and coordination across these three program areas. The goal of this grant is to build the capacity of DC's early care and education system to expand and enhance quality services for young children and their families. This grant supports activities that address the identified and documented business and administrative needs of child development facility owners, center directors and child development home caregivers and activities that support positive, goal-oriented communications and relationships with parents/guardians in their role as their child's first and most important teacher. The grant objectives are: improve the quality of early learning environments; strengthen partnerships and communication with parents to enhance knowledge; increase access to quality resources, referrals and supports for families; improve program participation and outcomes for children and families; increase successful linkages for families and providers to needed services and supports; and improve the diversity and equity of outcomes for young children in programs and services. Monthly reports are utilized

to track and measure progress based on identified grant goals. Monthly reports include data on community/provider engagement, meetings, professional development offerings, completed coaching/technical assistance sessions, etc.

Other measurable indicators for the CCR&R and the SSBA include: the numbers of contacts made with families (e.g., for child care referrals) and providers (e.g., for technical assistance); visits to the website and lending libraries; books and other resources downloaded and borrowed from the website and lending libraries; number of provider participants, and enrollment and attendance at the professional development trainings.

December 2020, OSSE was awarded the SEED grant from the Trust for Learning. The SEED grant will enhance professional development through the Building and Sustaining Quality Early Care and Education Grant. The goal of the SEED grant is to improve the outcomes for all children by addressing racial and social inequities. Through meaningful culturally relevant professional learning experiences, the grant aims to reduce implicit biases and develop anti-bias practices within the early learning workforce using a train the trainer model.

The planned train the trainer approach is designed to ensure the District's early educator workforce has access to meaningful training and resources that enable them to develop the requisite skills, knowledge, and appreciation of diversity to create culturally responsive ideal learning environments for all young children and families in DC. The success of this opportunity will be measured based on the successful completion and implementation of the train the trainer model and utilization of related training and professional development as tracked in the PDIS.

Furthermore, as the District seeks to have strong policies, funding and programs that support our goals, there is a long-term need and vision for an Early Childhood Integrated Data System (ECIDS). In March 2021, OSSE secured a vendor, through a competitive process, to build an integrated data system for child care subsidy case management and payment, licensing, workforce and QRIS data, as a step towards this long-term vision. OSSE has begun work with the vendor and will measure progress through achievement of milestones in the vendor's work plan.

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

## 8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers. Describe: Expenditures of CCDF funds for direct services are expended in a timely manner to providers, adhering to the District's 30-Day Quick Payment Act. Invoices are submitted by the fifth business day of the month from providers to OSSE via the web-based Online Attendance Tracking System (OATS), and attendance is reviewed and verified by the assigned attendance coordinator for each provider site. Verified attendance is sent to the District's Chief Financial Officer Accounts Payable department which provides additional verification and approval before the payments are processed. CCDF discretionary funds are either disbursed through a purchase order that was obtained through the District's procurement process, or via the Enterprise Grants Management System (EGMS). Both methods are standard agency-wide, and adhere to all generally accepted accounting principles and practices.
- b. Fiscal oversight of grants and contracts. Describe: OSSE monitors all CCDF sub-recipients. Written grant agreements or contracts are in place for all sub-contractors and/or sub-grantees that include deliverables and a detailed scope of work to ensure compliance with all federal and District laws, policies and regulations. OSSE requires all sub-recipients to participate in ongoing trainings and meetings, particularly for first-time sub-recipients. Early post-award meetings cover the specific work to be done as well as provide a review of all of OSSE's financial and programmatic policies and procedures and relevant local and federal regulations. Ongoing trainings and meetings are used to troubleshoot new issues as well as provide updates and/or reminders of information provided in the early post-award meetings. The lead agency follows the agency-wide reimbursement request policy to ensure fiscal accountability by sub-recipients. Sub-recipient reimbursement requests and supporting documentation are reviewed by both a programmatic lead and a fiscal lead at OSSE to ensure payments are accurate and costs are allowable. Invoice submissions for contracts are also reviewed and approved by the program manager directly overseeing the work, and the Director of Operations and Management, to ensure allowable uses of funds.
- c. Tracking systems to ensure reasonable and allowable costs. Describe: OSSE has implemented the EGMS for the fiscal management of grants. The system was designed to improve the management and administration of federal and local grants managed by OSSE. EGMS provides users with information on the status of grant applications, awarded amounts, expenditures to date and payment status of pending reimbursements. EGMS offers sub-grantees more convenience with a

centralized location to manage the following: Identification of and application to OSSE grants, submission of programmatic and/or fiscal amendments to the original application, and submission of electronic reimbursement requests with required supporting documentation. The system has enhanced operational efficiencies, security architecture, central data storage and warehousing, increased transparency, workflow automation and performance accountability. OSSE's grants management and program staff review monthly reimbursement requests in EGMS to determine that all expenses are aligned with the grantees' scope of work and approved budget. Reimbursement requests are reviewed by two internal OSSE staff members to ensure costs are: being expended against the approved budget, and are allowable, reasonable, and allocable. These requests, alongside programmatic reports and onsite monitoring, provide a thorough review of the grantee's compliance with OSSE's approved programmatic application, work plan, and budget.

- d. Other. Describe: OSSE conducts annual onsite monitoring visits and program evaluations to sub-recipients. Each program maintains 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. On-site visits support efforts to maintain quality and ensure compliance with OSSE grant and contractual agreements, inclusive of OSSE's internal policies and procedures, and relevant DC and federal regulations.

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

- a. Conduct a risk assessment of policies and procedures. Describe:

OSSE is currently convening an internal work group to use the ACF, Office of Child Care (OCC) approved "Grantee Internal Controls Self-Assessment" tool as a framework to review how well the District's policies and procedures meet the CCDF's regulatory requirements in the areas of program integrity and financial accountability. This evaluation will be complete by Sept. 30, 2021. This tool evaluates how well the grantee's internal controls are working to reduce payment errors, minimize fraud, and ensure funds are used for allowable costs. OSSE will use the tool to document findings, identify strengths and weakness in program integrity and financial accountability, and identify and implement action steps to mitigate any findings.

In future fiscal years, and through the duration of the 2022-24 state plan period, OSSE intends to use the tool and review findings annually to ensure internal controls are still effective, with adjustments as needed based on the findings of the evaluation completed in September 2021. See <https://childcareta.acf.hhs.gov/resource/grantee-internal-controls-self-assessment-instrument-0>.
- b. Establish checks and balances to ensure program integrity. Describe:

CCDF-funded grants are cost reimbursable in nature, minimizing risk of improper spending. Costs are first incurred by the sub-grantee according to an approved budget. The sub-grantee then submits requests for reimbursement, indicating the linkage to the budget and providing supporting documentation to substantiate that costs are allowable, reasonable and allocable. Two internal OSSE reviewers conduct a desk review of the reimbursement requests to confirm adherence to the budget and applicable federal cost principles, as previously outlined before approving them

for payment. All rounds of submission and OSSE responses are recorded in the EGMS. CCDF-funded contracts are managed in the electronic PASS system, which enables OSSE to track obligations, invoices and payments in compliance with District procurement law.

- c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe: Eligibility determinations are conducted by the DHS Child Care Services Division (CCSD) and designated child care providers (referred to as Level II providers). Eligibility determinations are reviewed and approved by the DHS CCSD supervisor for new employees until the employee demonstrates proficiency in the determination process. The lead agency reviews and approves eligibility records for new Level II providers until the Level II provider demonstrates proficiency in the determination process. The Eligibility Monitoring Unit conducts annual audits to ensure the accuracy of the eligibility determinations. Three percent of DHS records are audited annually by the lead agency and 100 percent of Level II records are audited annually by the lead agency for providers with fewer than 30 records. Fifty percent of Level II records are audited annually by the lead agency for providers with 31-100 records, and 30 percent of Level II records are audited annually by the lead agency for providers with more than 100 records.
- d. Other. Describe: N/A.

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

- a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.
  - i. Issue policy change notices. Describe: Subsidized child care providers are informed via email with any applicable policy change notice.
  - ii. Issue policy manual. Describe: OSSE maintains and updates the Eligibility Determination Manual for subsidized child care. The manual is available on the OSSE website for all families and child care providers to use as a reference when necessary. Updates are communicated via email to child providers, and the lead agency eligibility monitors conduct targeted outreach to providers to ensure understanding. The policy manual and any changes are presented and discussed at length during the quarterly eligibility institute trainings to ensure all child care providers are informed and accurately trained on the changes.
  - iii. Provide orientations. Orientations for the subsidized child care program are held in person once a quarter and are also available on-demand on OSSE's website. Emails notifications for upcoming orientations are sent to all child care subsidy providers.
  - iv. Provide training. Describe: OSSE addresses child care eligibility policy changes during the quarterly trainings. OSSE provides quarterly child care eligibility policy training for all Level II providers and DHS employees who conduct eligibility determinations. Attendance training is mandatory for all subsidized child care providers once per year. Emails notifications for upcoming orientations are sent to all child care subsidy providers.
  - v. Monitor and assess policy implementation on an ongoing basis. Describe: The Eligibility Monitoring team provides training and technical assistance to

eligibility staff on policies and procedures, including updates and changes. The team conducts formal trainings quarterly for all providers and provides informal technical assistance and targeted outreach to individual providers to ensure understanding on an as-needed basis.

vi. Meet regularly regarding the implementation of policies. Describe: OSSE regularly convenes the DC Child Care Recovery Working Group on a monthly basis to discuss and provide feedback on issues including the implementation of policies.

vii. Other. Describe: Regular check-ins and feedback sessions are held with staff and providers to monitor implementation of the new policies, ensuring their full implementation. The Eligibility Monitoring Unit conducts quarterly brown bag meetings with Level II child care providers to conduct a deep dive on an eligibility topic. The Supervisory Eligibility Monitor reviews trends in error reporting and payment adjustments to determine which topics may need further discussion and clarification. These meetings also provide Level II providers a regular check-in opportunity to ask questions and seek clarification on policy implementation.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices. Describe:

ii. Train on policy change notices. Describe:

iii. Issue policy manuals. Describe: The Eligibility Determinations for Subsidized Child Care Policy Manual (<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Eligibility%20Determinations%20for%20Subsidized%20Child%20Care%20Policy%20Manual%2010.7.19.pdf>) is issued and updated by the lead agency to ensure eligibility staff are informed of program requirements, including the definition of fraud, examples of fraud, and how to report any suspected cases of fraud.

iv. Train on policy manual. Describe: The education services monitors and eligibility monitors meet regularly to ensure they are aware of any changes to the policy manual. The Operations and Management Unit conducts monthly team meetings to discuss policy interpretations to ensure policies are being applied consistently across the lead agency. The Lead Agency also conducts quarterly trainings on attendance and eligibility policies; all DHS child care eligibility staff are required to attend once each year, to ensure DHS caseworkers are up to date on policies and procedures.

v. Monitor and assess policy implementation on an ongoing basis. Describe: The lead agency collects child care payment adjustment information monthly and analyzes the reasons for the adjustments to determine the effectiveness of policy implementation by the eligibility staff. Training topics are assessed and adjusted as needed to address common issues. The lead agency holds brown bag trainings for eligibility staff to cover targeted topics based on error reporting and payment adjustment data.

vi. Meet regularly regarding the implementation of policies. Describe: The lead agency regularly attends DHS Child Care Services Division staff meetings to discuss policy implementation and clarify any questions or concerns from eligibility staff.

vii. Other. Describe: N/A

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

Beginning in Fiscal Year 2021, the lead agency annually evaluates internal control activities by conducting the Grantee Internal Controls Self-Assessment Instrument to determine the effectiveness of the current internal controls and also improvement. OSSE has convened an internal working group to conduct the self-assessment and will complete the analysis by Sept. 30 each year. Additionally, the lead agency conducts annual audits of DHS and Level II eligibility records to ensure accuracy of payments and eligibility determinations.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

<input type="checkbox"/>	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities: OSSE DEL collaborates and shares data with the DC Health and DHS. This includes data about TANF and other social programs. The lead agency is able to ensure that families referred to subsidized child care from these programs meet federal eligibility requirements. The ability to cross-check among social programs administered by different DC agencies allows the lead agency to protect against fraud and/or intentional program violations by eligibility category.</p>
<input type="checkbox"/>	<p>ii. Run system reports that flag errors (include types).</p> <p>Describe the activities and the results of these activities: 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. DHS is encouraged to run this report for cases that they manage every month. This report allows the lead agency to determine any cases that are non-compliant with recertification and follow-up as needed. Reviewing the pending eligibility report ensures all redeterminations are complete within the required timeframe and eligibility records are up-to-date and accurate.</p>

<input type="checkbox"/>	<p>iii. Review enrollment documents and attendance or billing records.</p> <p>Describe the activities and the results of these activities: OSSE DEL staff review reported attendance each month for all providers in order to establish the monthly payment amount, and the review ensure accurate payments. The education service monitors conduct quarterly attendance audits of all subsidized child care providers on site to ensure accurate record keeping and billing processes. The results of the attendance audits are compared to the payment records to ensure all children that a provider received payment for were present the number of days that were reported. Any discrepancies are investigated and funds are recouped if necessary. Child care eligibility records are reviewed to ensure eligibility was determined accurately and rates and co-payments were assessed correctly. Funds are recouped if a case is deemed ineligible or over-payments were made due to intake errors. Errors are tracked and reviewed to identify any trends.</p>
<input type="checkbox"/>	<p>iv. Conduct supervisory staff reviews or quality assurance reviews.</p> <p>Describe the activities and the results of these activities: 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 traditional or non-traditional services, a senior-level supervisor must validate the reimbursement rates and payment dates before authorizing the Accounts Payable Unit to process the monthly payment. Supervisory review ensures accuracy of payments and that no stop placement or termination are done unnecessarily, thereby denying child care to eligible families.</p>
<input type="checkbox"/>	<p>v. Audit provider records.</p> <p>Describe the activities and the results of these activities: Three percent of DHS child care eligibility records are audited annually by the lead agency. OSSE audits 100 percent of Level II records annually for providers with fewer than 30 records, 50 percent of Level II records are audited annually by OSSE for providers with 31-100 records and 30 percent of Level II records are audited annually by the lead agency for providers with more than 100 records. The lead agency's eligibility monitoring unit conducts initial site visits to audit record, and then will conduct follow-up visits as necessary to ensure the eligibility records are accurate. Any findings of improper payments are recouped from the child care provider.</p>



<input type="checkbox"/>	<p>vi. Train staff on policy and/or audits.</p> <p>Describe the activities and the results of these activities: The education services monitors and eligibility monitors conduct quarterly trainings for providers on attendance and eligibility policies. All providers are required to attend once each year. Providers may also receive individual training and technical assistance when requested. Annual required trainings ensure all Level II and DHS caseworkers are up to date on policies and procedures. The training covers how and when to report any suspected cases of fraud or intentional program violations to the lead agency.</p>
<input type="checkbox"/>	<p>vii. Other.</p> <p>Describe the activities and the results of these activities: The Eligibility Determinations for Subsidized Child Care policy manual, and the Annual Provider Agreement for Subsidized Child Care Services provide detail on how to report fraud, and actions that will be taken against providers who intentionally commit fraud in the subsidized child care program. As a result of a DC Office of Inspector General program review recommendation, DHS submits a Child Care Subsidy Fraud Investigation Tracker Report to the Lead Agency on a monthly basis. This report contains the case name, number, suspected fraud site, notes, action items and status. To date there have been no reported cases of suspected fraud reported to the Lead Agency through this process.</p>

b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

<input type="checkbox"/>	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities: OSSE collaborates and shares data with DC Health and DHS. This includes data about TANF and other social programs. The lead agency is able to ensure that families referred to subsidized child care from these programs meet federal eligibility requirements. The ability to cross-check among social programs administered by different DC agencies allows the lead agency to protect against unintentional program violations by eligibility category.</p>
<input type="checkbox"/>	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: 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. DHS is encouraged to run this report for cases that they manage every month. Reviewing the pending eligibility report ensures all redeterminations are complete within the required timeframe and will alert the lead agency to any instances where a redetermination is out of date. The lead agency will then follow up directly with either the Level II provider or DHS to ensure any non-compliant redeterminations are resolved as quickly as possible.</p>

<input type="checkbox"/>	<p>iii. Review enrollment documents and attendance or billing records.</p> <p>Describe the activities and the results of these activities: OSSE reviews reported attendance each month for all providers in order to establish the monthly payment amount, and the review ensure accurate payments. The education service_monitors conduct quarterly attendance audits of all subsidized child care providers on site to ensure accurate record keeping and billing processes 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. DHS is encouraged to run this report for cases that they manage every month. Reviewing the pending eligibility report ensures all redeterminations are complete within the required timeframe. The attendance audits are compared to submitted attendance and associated payments to ensure that children were present and reimbursed for the correct number of days. Any discrepancies are investigated and funds are recouped if necessary.</p>
<input type="checkbox"/>	<p>iv. Conduct supervisory staff reviews or quality assurance reviews.</p> <p>Describe the activities and the results of these activities: 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 traditional or non-traditional services, a senior level supervisor must review the payments and adjustments for accuracy before authorizing the Accounts Payable Unit to process the monthly payment. This ensures payments are accurate and reduces the number of corrections or adjustments needed at a later date. Supervisory review ensures accuracy of payments and that no stop placement or terminations are done unnecessarily, thereby denying child care to eligible families.</p>

<input type="checkbox"/>	<p>v. Audit provider records.</p> <p>Describe the activities and the results of these activities: Three percent of DHS child care eligibility records are audited annually by the lead agency. OSSE audits 100 percent of Level II records annually for providers with fewer than 30 records, 50 percent of Level II records are audited annually by OSSE for providers with 31-100 records and 30 percent of Level II records are audited annually by the lead agency for providers with more than 100 records. The lead agency's eligibility monitoring unit conducts initial site visits to audit record, and then will conduct follow up visits as necessary to ensure the eligibility records are accurate.</p> <p>The audit assists the staff to target training based on common errors and identify case workers or Level II providers who need additional technical assistance with eligibility determinations. Any findings of improper payments are recouped by the lead agency to ensure funds are not misused.</p>
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<input type="checkbox"/>	<p>vi. Train staff on policy and/or audits.</p> <p>Describe the activities and the results of these activities: The education services monitors and eligibility monitors conduct quarterly trainings for providers on attendance and eligibility policies. All providers are required to attend once each year. Providers may also receive individual training and technical assistance when requested. Annual required trainings ensure all Level II and DHS caseworkers are up to date on policies and procedures and implementation is consistent for all families receiving child care subsidy services.</p>
<input type="checkbox"/>	<p>vii. Other. Describe the activities and the results of these activities:</p> <p>OSSE collaborates and shares data with DC Health and DHS. This includes data about TANF and other social programs; A percentage of the Level II provider's records are audited once a year. The review focuses on the six factors of Eligibility: Age, Relationship, Residency, Legal Status (of the child), Need, and Income; and Records managed by DHS are randomly reviewed annually at a rate of three percent. 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. Funds are recouped from the Level II providers if eligibility was determined incorrectly. 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 services, a senior level supervisor must review the payment and adjustments and authorize the Accounts Payable Unit to process the monthly payment.</p>

c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

<input type="checkbox"/>	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities: OSSE eligibility team collaborates and shares data with the DC Health and DHS. This includes data about TANF and other social programs. This ensures data and client records match at both agencies. Any instances of clients who do not match are researched and corrected as necessary.</p>
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<input type="checkbox"/>	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: OSSE staff use the "Pending Eligibility Report" to identify pending and late eligibility redeterminations errors. This report is reviewed to determine that recertifications are being conducted in a timely fashion. Instances of non-compliance are reviewed and the lead agency will reach out to ensure compliance.</p>
<input type="checkbox"/>	<p>iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: Monthly attendance records are reviewed by the attendance coordinators for accuracy to ensure proper payments, submissions are rejected by the coordinators for correction if they do not adhere to policy. Attendance and payment adjustments are reviewed and approved by a supervisor to ensure accuracy as well. The Chief Financial Office staff reviews payment adjustments before processing for payment and returns to the attendance team and supervisor for any necessary clarifications and corrections.</p>
<input type="checkbox"/>	<p>iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Supervisory staff review all "stop placement" actions and the reasoning to support the action, monthly attendance payment adjustments, including the amount and days paid, and monthly error report payment adjustments to ensure quality control. The supervisor will coordinate with staff as necessary to clarify or process any corrections before submission for payment.</p>
<input type="checkbox"/>	<p>v. Audit provider records. Describe the activities and the results of these activities: A percentage of the Level II provider's records are audited once a year. The review focuses on the six factors of Eligibility: Age, Relationship, Residency, Legal Status (of the child), Need and Income. Records managed by DHS are randomly reviewed annually at a rate of 3 percent. 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. Any findings of improper payments are recouped, and the eligibility monitoring unit will provide TA to clarify and correct any records that are incomplete and ensure the eligibility staff understand current policy.</p>
<input type="checkbox"/>	<p>vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: The education services monitors and eligibility monitors conduct quarterly trainings for providers on attendance and eligibility policies. The Operations and Management Unit meet monthly and uses this time to discuss any policy changes or upcoming audits to ensure the entire team is knowledgeable and aware.</p>
<input type="checkbox"/>	<p>vii. Other. Describe the activities and the results of these activities: N/A.</p>

- 8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.
- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney). Per the Eligibility Determinations for Subsidized Child Care policy manual, all cases of suspected fraud are to be forwarded to the lead agency. Suspected fraud cases are referred to the District’s Office of the Inspector General for investigation through the Fraud, Waste and Abuse hotline or web form.
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.  
Describe the activities and the results of these activities: Any improper payment greater than \$100 is recovered by the lead agency through the recoupment process. OSSE has a recoupment policy that is described in the annual provider agreement and also as an attachment to the agreement. Providers are required to review monthly pay statements and report any over or under payments to the lead agency within three months to receive a payment adjustment. For overpayments, providers are able to enter into a repayment plan depending on the amount of the recoupment. This supports the investigation process because if there are a number of incidents of improper payments due to the provider's error, OSSE may refer the matter to DC Office of the Inspector General for further investigation and action. Level II providers sign an agreement outlining these requirements and confirming that they are aware of the potential for recoupment.
  - ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).  
Describe the activities and the results of these activities: All suspected cases of fraud uncovered or referred to OSSE are forwarded to the DC Office of the Inspector General (DC OIG) for further investigation and action. The DC OIG reviews the information and conducts an independent investigation. Due to the lead agency’s prevention measures, no cases have required referral to the DC OIG in the past two fiscal years.
  - iii. Recover through repayment plans.  
Describe the activities and the results of these activities: Any investigation that results in a finding of substantiated fraud or intentional program violations will be followed up with a recoupment of payments to the provider. The lead agency's recoupment policy allows for the provider to enter into a repayment plan, depending on the amount of the recoupment. Fraud or intentional program violations by the family may result in collection from the parent or guardian of funds improperly spent on child care. Child care providers sign an annual agreement which details the corrective actions that will be taken by the lead agency if the provider is suspected of any fraud or intentional program violations.

- iv. Reduce payments in subsequent months.  
 Describe the activities and the results of these activities: Any investigation that results in findings of substantiated fraud of intentional program violations will be followed up with a recoupment of payments to the provider. Overpayments due to fraud or intentional program violations may be recovered via a recoupment plan to reduce payments administered in subsequent months.
  - v. Recover through state/territory tax intercepts.  
 Describe the activities and the results of these activities: N/A.
  - vi. Recover through other means.  
 Describe the activities and the results of these activities: N/A.
  - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.  
 Describe the activities and the results of these activities: N/A.
  - viii. Other. Describe the activities and the results of these activities: N/A.
- c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:
- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
  - ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.  
 Describe the activities and the results of these activities: Any improper payment greater than \$100 is recovered by the lead agency through the recoupment process. The lead agency has a recoupment policy that is described in the annual provider agreement and also as an attachment to the agreement. Providers are required to review monthly pay statements and report any over or under payments to the lead agency within three months to receive a payment adjustment. For overpayments, providers are able to enter into a repayment plan depending on the amount of the recoupment. Level II providers sign an agreement outlining these requirements and they are aware of the potential for recoupment.
  - iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).  
 Describe the activities and the results of these activities: N/A.
  - iv. Recover through repayment plans.  
 Describe the activities and the results of these activities: Any discovered unintentional program violations will be followed up with a recoupment of payments to the provider. The lead agency's recoupment policy allows for the provider to enter into a repayment plan, depending on the amount of the recoupment. Unintentional program violations by the family may result in collection from the parent or guardian of funds improperly spent on child care.

- v. Reduce payments in subsequent months.  
Describe the activities and the results of these activities: Unintentional program violations may result in a recoupment plan for the child care facility, based on program staff findings and the payments may be reduced in the subsequent months.
  - vi. Recover through state/territory tax intercepts.  
Describe the activities and the results of these activities: N/A.
  - vii. Recover through other means.  
Describe the activities and the results of these activities: N/A.
  - viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.  
Describe the activities and the results of these activities: N/A.
  - ix. Other. Describe the activities and the results of these activities: N/A.
- d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
  - ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.  
Describe the activities and the results of these activities: Any improper payment greater than \$100 is recovered by the lead agency through the recoupment process. The lead agency has a recoupment policy that is described in the annual provider agreement and also as an attachment to the agreement. Providers are required to review monthly pay statements and report any over or under payments to the lead agency within three months to receive a payment adjustment and providers are aware that all over-payments will be recovered, regardless of fault. For overpayments, providers are able to enter into a repayment plan depending on the amount of the recoupment.
  - iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).  
Describe the activities and the results of these activities: N/A.
  - iv. Recover through repayment plans.  
Describe the activities and the results of these activities: Any discovered agency payment error will be followed up with a recoupment of payments to the provider. The lead agency's recoupment policy allows for the provider to enter into a repayment plan, depending on the amount of the recoupment. v.  
Reduce payments in subsequent months.  
Describe the activities and the results of these activities: Agency payment errors may result in a recoupment plan for the child care facility, based on program staff findings. Eligibility monitoring staff will verify the over payment amount and

create a recoupment plan if necessary, based on the amount of the overpayment.

- vi. Recover through state/territory tax intercepts.  
Describe the activities and the results of these activities: N/A.
- vii. Recover through other means.  
Describe the activities and the results of these activities: N/A.
- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit.  
Describe the activities and the results of these activities: N/A.
- ix. Other. Describe the activities and the results of these activities: N/A.

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities: Every applicant or recipient has the right to appeal a decision made by the DHS CCSD Eligibility Worker or Level II Eligibility Worker as a result of any adverse action: Denial of application; Termination of services; Dispute over the amount of the co-payment; and 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 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 action; 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 a hearing officer; The expected completion of the process by the hearing officer within 60 days after the date of receipt of the original request; and 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.



If a client violates the program and is found to have committed child care fraud, the client is terminated and may be criminally prosecuted by the DC Office of the Inspector General.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities: When there is evidence that the provider has submitted fraudulent documentation with the intention of obtaining payment from the District of Columbia, OSSE shall exercise the right to terminate the Provider Agreement for Subsidized Child Care Services for non-compliance and shall refer suspected cases of waste and fraud for investigation to OSSE's Office of the General Council and/or the District of Columbia's Office of the Inspector General and request termination of the agreement. When a provider has been terminated due to substantiated instance of fraud a provider will be designated as an excluded party pursuant to DC Code 2-308.04 and the provider cannot solicit any contract with the District of Columbia Government for a period of 36 months. The process to appeal a disqualification begins with an attempt at informal resolution process. If that process is unsuccessful, the provider may submit a formal written request to the assistant superintendent of early learning which includes an opportunity for an informal conference, and concludes with a written decision. Finally, the provider may appeal the written decision of the assistant superintendent of early learning by submitting a written request for an appeal and reconsideration to the state superintendent within 15 calendar days of receipt of the decision. The superintendent shall review the decision and any objections from the provider, and issue a written decision that resolves the dispute within 30 calendar days of the receipt of the provider's appeal.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

If OSSE DEL determines that fraud has occurred, the case may be referred to the District's Office of the Inspector General for investigation and the Office of the Attorney General for possible criminal prosecution.

- d. Other. Describe the activities and the results of these activities:

N/A.

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

- Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)
  1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.
  2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [Click or tap here to enter text.](#)
  3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. [Click or tap here to enter text.](#)
- Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)
  1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision. [Click or tap here to enter text.](#)
  2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [Click or tap here to enter text.](#)
  3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. [Click or tap here to enter text.](#)