

Child Care and Development Fund (CCDF) Plan For District of Columbia FFY 2019-2021

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency 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)). 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)).

a) Lead Agency or Joint Interagency Office Information:

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

Street Address: 1050 1st Street, NE

City: Washington

State: DC

ZIP Code: 20002

Web Address for Lead Agency: www.osse.dc.gov

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Hanseul

Lead Agency Official Last Name: Kang

Title: State Superintendent

Phone Number: 202-724-7739

Email Address: Hanseul.Kang@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: Elizabeth

CCDF Administrator Last Name: Groginsky

Title of the CCDF Administrator: Assistant Superintendent of Early Learning

Phone Number: (202) 727-2814

Email Address: Elizabeth.Groginsky@dc.gov

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

Street Address:

City:

State:

ZIP Code:

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: Policy Officer

Description of the role of the Co-Administrator: Manages the implementation of the Plan and provides updates to the plan as needed

Phone Number: (202) 442-4716

Email Address: Christina.Crayton@dc.gov

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

Street Address:

City:

State:

ZIP Code:

1.2 CCDF Policy Decision Authority

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

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

- All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

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

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

Other.

Describe:

2. Sliding-fee scale is set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

Other.

Describe:

3. Payment rates are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

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

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- Temporary Assistance for Needy Families (TANF) agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments

- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

Authorized Level II child development centers (Level II providers) conduct eligibility determinations for children enrolling in their center pursuant to D.C.. Code § 4-409(f)

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

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

c) Who issues payments?

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). 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, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

The Office of the State Superintendent has a Memorandum of Understanding (MOU) with the District's Department of Human Services (DHS), which is also the District's TANF agency, that outlines the roles and responsibilities of DHS in determining child care eligibility. Specifically, the MOU includes specific tasks to be completed by DHS and OSSE, with clear timelines and budget line items. Additionally, the MOU requires that OSSE conduct onsite reviews to determine compliance with established policies and conduct follow-up visits to validate compliance and provides for scheduled and unscheduled monitoring visits. OSSE conducts quarterly audits/eligibility reviews of DHS. These reviews consist of OSSE eligibility monitors requesting 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 the child care services office and reviews each record using the Eligibility Review Checklist, to document 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 Checklist and the Cover Sheet are given to the supervisor and if needed, an additional five (5) to ten (10) days is given for the resolution of any outstanding deficiencies. Additionally, OSSE's Division of Early Learning Operations and Management unit conducts annual reviews of Level II providers.

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

use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

The District of Columbia does not expend CCDF funds to develop any code or software for child care information systems or information technology.

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.

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 complies with confidentiality and security of personally identifiable information 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.

(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 in question 1.4.1.

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

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

The lead agency (OSSE) met with and obtained input from the Deputy Mayor for Education and the Deputy Mayor for Health and Human Services 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 a representative from the Council of the District of Columbia. OSSE organized stakeholder feedback received into the CCDF priority areas that aligned with the comments. OSSE incorporated most of the recommendations into the District's CCDF State Plan and shared those recommendations with the SECDCC, which has Council representation. OSSE also received recommendations on the proposed Early Childhood Integrated System which was incorporated into Section 7 of the State Plan. OSSE continually engages representatives of local government through the SECDCC and the work of the committees.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The CCDF Administrator and Co-Administrator conducted two presentations with the State Early Child Development Coordinating Council (SECDCC) and one presentation with the SECDCC's Policy and Finance Committee. The CCDF Administrator shared highlights of the current initiatives DC is implementing under the current CCDF State Plan and reviewed the CCDF Draft Preprint and the required sections for completion. Following these presentations, the CCDF Administrator met with the Policy and Finance Committee to gather input for the state plan. The SECDCC also reviewed and voted to move forward with requesting ACF approval to use the alternative cost methodology for the FY 2019-2021 CCDF Plan. The CCDF Administrator also solicited input on the Plan from the Quality Improvement Network (QIN) Interagency Steering Committee. OSSE organized stakeholder feedback received into the CCDF priority areas that aligned with the comments. OSSE incorporated most of the recommendations into the District's CCDF State Plan and shared those recommendations with the SECDCC. OSSE also received recommendations on the proposed Early Childhood Integrated System which was incorporated into Section 7 of the State Plan. OSSE solicits input from the SECDCC on the State Plan through the committees.

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 a number of public and private stakeholders to gather input on the CCDF plan. These groups included child development providers, the DC Association for the Education of Young Children and the DC Head Start Association; families and caregivers through the Quality Improvement Network (QIN) Policy Council, Family Engagement Learning Network and Parent Cafes, the QIN Interagency Steering Committee, other stakeholders and policymakers such as the Bainum Foundation's Birth to Three Policy Alliance, the DC Adult Education Change Network and DC philanthropic and business leaders. Most of the feedback received from these organizations were incorporated into the State Plan and were shared with stakeholders at the SECDCC meeting and in the committees of the SECDCC.

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. 05/21/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. 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). 04/27/2018

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 D.C. Register. The Notice of Public Hearing and Community Forums - FY2019-2021 Child Care and Development Fund Draft State Plan, which also included a link to the plan, was published in the D.C. Register on April 27, 2018 (65 DCR 17) and is available here: <https://dcregs.dc.gov/Common/NoticeDetail.aspx?NoticeId=N0068500>. Additionally, OSSE notified the public by distributing the Notice through the Division of Early Learning's listserv that reached over 1,000 stakeholders directly.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing was held at OSSE, located at 1050 1st Street, NE, Washington DC 20002. Amharic, Chinese, French, Spanish, Vietnamese, Korean and Sign Language interpreters were available if the services were requested. In addition, OSSE held three community engagement forums in different quadrants of the District.

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 Plan was posted on May 1, 2018 on the OSSE website, as noted in the Notice, which also included a link to the Plan and instructions for submitting comments to OSSE. The Plan was also available on the DC Child Care Connections website and copies were available at OSSE and the two service locations for DC Child Care Connections, the child care resource and referral agency for the state. Upon request, OSSE made ten hard copies of the Draft Plan for the DC Early Learning Collaborative, a leading provider advocacy organization.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All information received was reviewed and considered and where feasible, was incorporated into the Plan. OSSE shared a summary of the public comments at the July 31 SECDCC meeting.

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 here: <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-ffy-2019-21>

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:

The State Early Childhood Development Coordinating Council and the committee members receive regular updates on the development of the State Plan and any amendments made to the plan.

Working with child care resource and referral agencies.

Describe:

The District's Child Care Resource and Referral agency, DC Child Care Connections, connects visitors to OSSE's website to review the draft plan: <http://dcchildcareconnections.org/resource/child-care-development-fund-state-plan/>. A hard copy of the Plan and the Notices are also available at the CCR&R physical sites.

Providing translation in other languages.

Describe:

The District of Columbia offers interpretation services to individuals seeking to access or participate in the public hearings or receive a translation of the CCDF State Plan Summary upon request.

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

Describe:

OSSE's Division of Early Learning Community Liaison distributed and will continue to distribute Notices of Public Hearings, the CCDF State Plan and State Plan Amendments through all social media channels (facebook.com/ossedc, twitter.com/ossedc).

- Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

Providers and stakeholders in the District of Columbia receive Notices of Public Hearings, the CCDF State Plan and Plan amendments through the D.C. Register, OSSE's Division of Early Learning monthly electronic news bulletin, CCR&R, Quality Improvement Network hub agencies and the Capital Quality Community of Practice meetings.

- 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; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

- (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

The Office of the State Superintendent of Education (OSSE), the lead agency, 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. This is evidenced through our Universal Pre-K Enhancement and Expansion program for three and four year old children, the Quality Improvement Network, DC's Early Head Start Child Care Partnership grant and the Mayor's Access to Quality Child Care Expansion Grant that provides funding to increase the supply of infant and toddler care, improve credentials of the early care and education workforce and increase efficiency and coordination in the licensing of child development facilities.

- (REQUIRED) 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 and process:

The State Superintendent of Education at OSSE serves as Co-Chair for the State Early Childhood Development Coordinating Council (SECDCC). The SECDCC meets six times a year. Additionally, six SECDCC committees meet quarterly and provide updates and make policy and practice recommendations to the SECDCC. 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 eight 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.

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

(REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

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

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

Describe the coordination goals and process:

Part C for infants and toddlers and Part B 619 are administered through OSSE's Division of Early Learning. The Part C Coordinator, the local Part C Director and the Part B 619 Coordinator meet regularly with the child care 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.

(REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

The Office of the State Superintendent of Education Division of Early Learning (DEL) houses DC's Head Start State Collaboration Office (HSSCO) and the DEL Deputy Assistant Superintendent of Early Learning serves as the Head Start State Collaboration Director. The HSSCO liaises between our federal partners, the DC Head Start Association (DCHSA), local Head Start (HS) and Early Head Start (EHS) programs. 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.

(REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

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. The Deputy Director of DC Health serves as co-chair of the Health and Wellness Committee of the SECDCC and the director of home visitation services serves on the Quality Improvement Network Interagency Steering Committee. DC Health representatives were key contributors to the development of DC's Early Childhood Systems Approach to Early Childhood Health, Development, Education and Well-being. Additionally, OSSE is developing a data sharing agreement with DC Health to share and use data from the childhood immunization data system and the Women, Infants, and Children's (WIC) program to enhance coordination and alignment of state services and supports. One way OSSE will coordinate with DC Health will be to jointly review data on program participants to identify demographic characteristics of program participants and to identify trends or patterns across various health programs. This allows OSSE to use data to inform programmatic and policy decisions, including co-sponsoring future events that allow families to apply for health and child care benefits.

(REQUIRED) State/territory agency responsible for employment services/workforce development.

[Describe the coordination goals and process:](#)

The Office of the State Superintendent of Education (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 child care vouchers. For example, OSSE recently updated the subsidy eligibility policy to allow for families to verify that they are seeking employment as a qualifying activity through a DOES job search program. The Division of Early Learning staff also participated in a Department of Human Services sponsored Business Process Redesign, 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 Department of Human Services who would generate a voucher for the family. The lead agency will meet with leadership at DOES to discuss the feasibility of implementing this during the 2019-2021 CCDF Plan period. Based on stakeholder input received, OSSE will explore coordination goals with the DOES around workforce development opportunities for early childhood including training and apprenticeship programs.

[\(REQUIRED\) State/territory agency responsible for public education, including prekindergarten \(preK\).](#)

[Describe the coordination goals and process:](#)

OSSE is the state agency responsible for public education. The District uses a mixed-delivery system to provide pre-K education services, which includes traditional public schools, public charter schools and publicly funded community-based organizations (CBOs). Through substantial investments in pre-K, DC 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.

(REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

OSSE is the lead agency for licensing. Our goal is to ensure the health, safety and positive development of children. The Director of Licensing works closely with the 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.

(REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

The Child and Adult Care Food Program (CACFP) program is administered through OSSE's Health and Wellness Division. The Assistant Superintendents of Health and Wellness and Early Learning meet regularly with their teams to ensure increased participation of child care programs in the CACFP program and to plan other health and nutrition activities. The District of Columbia's child care licensing regulations require licensed child development providers to ensure that planned daily menus and the foods that are actually 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. Coordination efforts include joint trainings and webinars from WIC's Breastfeeding Coordinator that provide detailed information on the benefits of WIC for families and guidance to help child development centers and homes promote WIC and breastfeeding to the families they serve. The two divisions also developed a webinar on CACFP's updated infant meal patterns and its emphasis on breastfeeding support within child development facilities as a way to provide nutrition to infants. OSSE is launching the Healthy Tots Wellness Challenge, a new effort to promote the Healthy Tots Wellness Guidelines. The guidelines provide examples of how child development facilities can comply with the Healthy Tots Act and for facilities that automatically participate in the CACFP, the guidelines highlight where standards are aligned across Healthy Tots and CACFP. This comprehensive resource is essential for promoting efforts for high quality wellness programming and to encourage participation in the Wellness Challenge. The

Challenge will engage participants in a series of exciting challenges, bringing awareness to the six Healthy Tots early childhood education facility wellness topic areas. This includes the following: 1) providing effective nutrition and healthy eating education; 2) serving tasty, healthy meals; 3) promoting physical activity; 4) enhancing facility environmental sustainability; 5) ensuring wellness professional development for staff; and 6) partnering with families to promote wellness.

- (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons.

Describe the coordination goals and process:

The Division of Early Learning provides training to OSSE's McKinney-Vento team and to the homeless liaisons and registrars in local education agencies (LEAs) to create awareness and eliminate barriers for children and families experiencing homelessness to access child care. OSSE collaborates with a variety of agencies serving families experiencing homelessness in order to facilitate the timely provision of child care and educational support. OSSE has partnership agreements with the Child and Family Services Agency via its contractor, the Community Partnership for the Prevention of Homelessness (TCP), the DC Department of Human Services (DHS) and LEAs. 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. Over the next three years, OSSE will better align our efforts to ensure that children and families experiencing homelessness have access to early learning opportunities, including public pre-K programs. Through its role on the Interagency Council on Homelessness, OSSE works with its partners to implement a system of standardized access and assessment to ensure that appropriate educational services and supports are implemented in a timely manner and to minimize barriers to enrollment.

- (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

The Department of Human Services (DHS) is the lead agency for TANF. OSSE is a key partner with DHS on its redesigned two generation (2Gen) approach to TANF.

The new policy will focus on the enrichment, security and well-being of children, cash income to a household and supporting parents through meaningful engagement in education and employment activities. The Administrator and the Deputy Administrator for the Economic Security Administration at DHS participate in OSSE's monthly Quality Improvement Network (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 and OSSE works closely to align the District's child care and TANF eligibility policies and we have a shared goal of developing policies and financing strategies that ensure our most vulnerable children have access to continuous, comprehensive high-quality child care. Currently, OSSE is coordinating with DHS to conduct presentations for the new TANF Employment Program (TEP) contractors. Our focus 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).

(REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

The Department of Health Care Finance (DHCF) works closely with the lead agency through the SECDCC and the Quality Improvement Network Interagency Steering Committee. DHCF was also a key contributor to the development of the District's Early Childhood System Approach to Child Health, Development, Education and Well-being.

(REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

The Lead Agency has a Memorandum of Understanding (MOU) with the Department of Behavioral Health (DBH) to coordinate outreach, engagement, and service provision through a research based mental health consultation model in child development centers and homes. The model increases coordination for mental health services; liaises with staff to ensure the implementation of prevention, identification and referral activities; trains staff and families; and provides targeted help to individual children and families in the child care partners participating in the EHS-CCP program, Head Start and other early learning programs. DBH consultants work with center

directors and administrators to conduct assessments at the child/family, classroom, and program level. The assessments serve as a guide to understand classroom and teacher needs to enhance teaching skills and social emotional understanding. DBH and OSSE also coordinate technical assistance for centers requiring targeted assistance.

OSSE also partners with DBH on its SAMSA funded initiative, DC Social Emotional and Early Development (DC SEED) project. This grant will support the expansion and implementation of early childhood-specific evidence-based and promising practices (including child-parent psychotherapy, parent child interaction therapy and strengthening family coping resources). The grant will allow DBH to address the unmet behavioral health needs of young children, birth to 6 years old who are at risk for or diagnosed with serious emotional disturbance (SED) and their families.

- (REQUIRED) [Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.](#)

[Describe the coordination goals and process:](#)

DC Child Care Connections, the child care resource and referral agency for the District, supports the lead agency with consumer education including helping families find child care that meet their needs through My Child Care DC, provides linkages to other state agencies and resources for families and providers, conducts outreach in the community, manages the state professional development including the Training Approval Program (TAP) and works collaboratively with the other grantees funded through the lead agency to leverage their expertise and support. All lead agency grantees meet monthly to share best practices, discuss challenges and problem solve solutions. DC Child Care Connections is a critical connector of all of this work. We also co-locate the TEACH program at one of the child care resource and referral service centers.

- (REQUIRED) [Statewide afterschool network or other coordinating entity for out-of-school time care \(if applicable\).](#)

[Describe the coordination goals and process:](#)

In an effort to coordinate and leverage resources and supports to make out of school time opportunities available to our most vulnerable students, the Lead Agency

partners with the Office of Out of School Time Grants and Youth Outcomes (OST Office), located within the Office of the Deputy Mayor for Education (DME) which awards local funds to youth-serving organizations that will increase the number of slots available to serve youth ages 5 to 21 with opportunities beyond the regular school day. Furthermore, the Lead Agency partners with an internal program, OSSE's federal 21st Century Community Learning Centers grant program, which establishes or expands community learning centers that provide students with academic enrichment opportunities along with activities designed to complement the students' regular academic program.

(REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

The agency responsible for emergency management in the District of Columbia is Homeland Security and Emergency Management Agency (HSEMA). OSSE worked closely with HSEMA in the development of our statewide child care disaster and response plan and continues to meet annually to update the plan. 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.

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

State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

The Lead Agency is one of eight state-level funded Early Head Start Child Care Partnership grantees. We leveraged this federal opportunity to create the Quality Improvement Network (QIN). The QIN has two hub agencies that support a network of 17 child development centers and 14 child development homes in achieving and maintaining Early Head Start standards.

State/territory institutions for higher education, including community colleges

Describe

OSSE/DEL is an active member of the Higher Education Early Childhood

Collaborative. This group meets quarterly and is charged with ensuring supports for higher education degree attainment.

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

Describe

OSSE coordinates closely with the Office of Out of School Time Grants and Youth Outcomes located within the Deputy Mayor of Education and the 21st Century after school program administered by OSSE K-12 Systems and Supports Division.

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

Describe

OSSE works closely with the Maternal and Child Home Visitation program, which is administered by DC Health, through the QIN Interagency Steering Committee and the DBH DC Social Emotional Early Development (DC SEED) grant. We share resources and professional development information.

- Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

OSSE works closely with the Department of Health Care Finance on outreach, engagement and professional development regarding EPSDT.

- State/territory agency responsible for child welfare.

Describe

OSSE works closely with the Child and Family Services Agency on child abuse prevention and awareness trainings for child development staff, background checks for child development staff, and coordination and referral for child care subsidy, engagement and linkages to early intervention services. CFSA serves on the QIN Interagency Steering Committee.

- State/territory liaison for military child care programs.

Describe

Provider groups or associations.

Describe

OSSE meets at least twice a year with members of provider association groups including the DC Early Learning Collaborative, the DC Head Start Association, the DC Family Child Care Association and the DC Association for the Education of Young Children.

Parent groups or organizations.

Describe

The lead agency meets monthly with the QIN Policy Council, comprised of 30 parent representatives. The lead agency is also part of the Part C Interagency Coordinating Council.

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 program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

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

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf

).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (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 children that are eligible 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 Quality Improvement Network (QIN) Expansion providers. The QIN hub received funding from the Bainum Family Foundation to support the job embedded professional development coach, teacher stipends and family engagement specialists as part of this expansion.

b) Which funds you will combine

CCDF funds and locally appropriated District funds.

c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working

families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

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.

d) 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.

e) How are the funds tracked and method of oversight

Funds are tracked using the District's accounting system of record for CCDF funds, as well as the Lead Agency's Enterprise Grant Management System 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)?

Note:

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

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 preK 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)).

- N/A - The territory is not required to meet CCDF matching and MOE requirements
- 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.

-- If checked, identify the source of funds:

The FY19 locally appropriated child care subsidy budget is sufficient to meet CCDF matching and MOE requirements. OSSE does not anticipate any reductions to the locally appropriated budget in future years.

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ 53,314,559.00

- Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

-- If checked, are those funds:

- donated directly to the State?
- donated to a separate entity(ies) designated to receive private donated funds?

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

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

- State expenditures for preK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent):

-- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$

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

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

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

No

Yes

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

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

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

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$

1.6 Public-Private Partnerships

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

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

The District of Columbia has a unique government structure and operates both 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 specific public-private partnerships. For example, OSSE is partnering 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. Through this partnership we 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 Quality Improvement Network, provided in-depth and targeted technical assistance and training for providers and OSSE's grantee partners. Our shared goal is to improve outcomes for DC's most vulnerable young children and their families. To date, the Foundation has

invested nearly \$20 million in birth to three improvements in the District of Columbia. The District of Columbia is also partnering with a Shared Services Business Alliance for child development homes. The Alliance targeted child development homes in FY17 and has enrolled 20 home providers as of June 2018, with a goal to have 35 providers participating by the end FY18. The Alliance is focused on establishing a network for home providers to support enrollment, fee collection, back-office support and provide needed technical assistance.

OSSE also partners with the Low Income Investment Fund (LIIF) to administer the Mayor's Access to Quality Child Care Expansion Grant. LIIF administers the \$8.1 million grant fund and provides technical assistance to sub-grantees and to other new or existing child development facilities seeking to launch or expand infant and toddler care. LIIF is a community development financial institution and through this grant, is providing a \$1 to \$1 match in capital loans to the District's investment. LIIF's matching funds will help create an estimated 100-200 additional child care seats.

Through the Early Head Start-Child Care Partnership grant, OSSE established the Quality Improvement Network (QIN), a public private partnership with two neighborhood-based hubs that 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 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. OSSE is leveraging resources from District agencies to improve efficiencies and system coordination. To this end, OSSE established the QIN Interagency Steering Committee comprised of the following city agencies: DC Health, Department of Behavioral Health, Department of Health Care Financing, Child and Family Services Agency and the Department of Human Services. The Interagency Steering Committee meets monthly with our private sector hub agency partners to discuss specific areas of coordination and supports for the child care partners and the families and children they serve. This Committee helps leverage and identify resources to improve the quality of child development facilities. Interagency partners also assist in providing professional development and technical assistance in areas such as employment training, economic self-sufficiency, mental health and substance abuse treatment.

OSSE is also an active member of the Regional Early Care and Education Workforce Implementation Network which is funded by the Early Care and Education Funders Collaborative and supported through the Washington Area Women's Foundation. This Network was formed in 2016 as part of the National Academies Implementation Network. The partners include representatives from the District of Columbia, Prince Georges County, MD, Montgomery County, MD and counties in Northern Virginia who are working together to map a competency-based career pathway that is linked to quality and compensation and can be used across the region. The work has two primary deliverables 1) develop a career pathways document that is based on existing early care and education (ECE) professional credential/knowledge/competency frameworks in the region that establish a practical and common set of quality standards for competencies at different levels, including suggested compensation levels, that are linked to identified competencies and 2) develop a blueprint for an implementation mechanism that assesses and verifies competencies among the region's ECE professionals according to the competency levels defined in the career pathways document and that establishes suggested compensation levels that correspond to the certification/credential.

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

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

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

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

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address 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 a system of 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 system. If yes, describe the following:

a) What services are provided through the CCR&R organization?

OSSE competed and awarded a grant to a local organization to provide Child Care Resource and Referral (CCR&R) services. DC Child Care Connections, the local CCR&R, helps families identify and select child care, understand child development, provide information about the quality of licensed early childhood programs, develops resources to help families understand program quality, provides valuable resources, such as, a lending library and supports providers by providing professional

development and technical assistance. The CCR&R regularly attends community events to provide information and resources to parents, families and child care providers throughout the District. The CCR&R supports families who need child care resources via telephone, in-person and through an online searchable database. The CCR&R also coordinates with the Teacher Education and Compensation Helps (T.E.A.C.H.) grant program to support ECE educators seeking higher education degrees. DC Child Care Connections continues to build a network of public and private agencies that work collaboratively to deliver high-quality services and supports to families seeking child care, including parent education, outreach and resources and supports for child development providers including scholarship funding, professional development and technical assistance. Additionally, OSSE develops grants, MOUs and contracts with public and private agencies that provide scholarships for Child Development Associates (CDAs) and T.E.A.C.H. scholarships to support professionals that work in DC child development facilities in obtaining early childhood credentials. Furthermore, OSSE's Part C program provides consultation and technical assistance as needed to child development facilities. DC Child Care Connections works closely with DC's Early Intervention Program, Strong Start to ensure families receive information about Strong Start services and supports.

b) [How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated?](#)

DC Child Care Connections serves the entire geographic area of the state. The grantee was 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. The CCR&R has two walk-in service centers in easily accessible locations in the District. Through their accessibility to the public, the CCR&R works to connect with organizations, DC public agencies, other grantees and the community with the services they need. The CCR&R attends various stakeholder meetings and participates in providing feedback based on their knowledge and experience of DC and the needs of the community. Through their network, CCR&R offers one-on-one technical assistance to both providers and families in order to meet their needs. Additionally, CCR&R has strong working relationships with other District agencies and participates in various meetings, including a monthly grantee meeting with other OSSE grantees to share resources and information across programs and initiatives.

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

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

OSSE met with the State Early Childhood Development Coordinating Council (SECDCC) to present and receive approval on the proposed plan to develop the District's Statewide Child Care Disaster Plan. The SECDCC supported the approach to work with key District partners to ensure the Child Care Disaster Plan aligned with district-wide strategies. The Child Care Disaster Plan (CCDP) was developed in collaboration with the District's Department of Human Services (DHS), Department of Behavioral Health (DBH), Department of Consumer and Regulatory Affairs (DCRA), Department of Parks and Recreation (DPR), DC Health, Fire and Emergency Medical Service (FEMS) and CCR&R utilizing the District of Columbia's Joint All Hazards Operations Center (JAHOC) and Emergency Operations Center managed by Homeland Security Emergency Management Agency (HSEMA), under the direction of the Mayor. Coordination with the agencies and contractors is also outlined in section XI of the plan, Coordination with Agencies and Contractors of OSSE's CCDP, which clearly defines the "Role of Partner Agencies, Role of Contractors and Community-Based Organizations" and recovery efforts. For example, request for Family Reunification will be managed at the level of the JAHOC and EOC where agencies such as DC Health manages and activates

coordination by priority for multiple agencies as needed.

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

The CCDP has comprehensive guidelines for the continuation of child care services that can be found in Section X. Impact Assessment and Response Coordination, XI. Coordination with Agencies and Contractors and XII Recovery and Recertification of the CCDP. These sections clearly illustrate the pre-disaster or post disaster process as well as requirements of providers in any stage of a disaster event. For example, after a disaster, child care providers are mandated to complete a post disaster assessment as part of the recovery efforts to properly classify the status of their facility and operations before resuming normal operations. If normal operations are deemed unattainable, a review of temporary placement and/or provisions based on the scope of impairment on a facility's operations is completed.

The CCDP also states how child care subsidies will be continued. The Office of the Chief Financial Officer (OCFO) is the lead agency that will ensure that disbursement of District funds, including child care subsidy payments continues in an orderly manner. OCFO will assist in providing the necessary resources and supplies for District-wide emergencies and will fully mobilize its resources to restore operational functions of its facilities throughout the District to ensure continuity of services.

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

OSSE's CCDRP has a comprehensive framework with flexibility to coordinate post-disaster recovery of child care services within section X. Impact Assessment and Response Coordination and under subsection B. Logistical Coordination of Response. The focus is

primarily on the continuation of subsidies and alternative (back-up) methods when faced with challenges. In addition, it clearly demonstrates use of partner agencies as this support is coordinated through the district's Financial Administration Section Chief at the EOC. These agencies are identified further in section XI. Thus OSSE can ensure that impacted families maintain their child care, monitoring contingency sites and tracking the operational status of impacted providers.

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

During and after the response phase of a disaster, DEL will focus its efforts on ensuring that impacted families maintain their child care, monitoring providers who are operating at their contingency site, and tracking the operational status of impacted providers. To enable DEL to monitor and manage the impact of the disaster on providers, DEL will initiate and implement the following recovery procedures to monitor providers and recertify providers who had to temporarily cease operations as a result of the disaster.

A. Recovery Procedures

- Request providers to complete and submit an Initial Assessment Form for each provider location to DEL;
- Share operational status and location information of providers with HSEMA and the EOC to update GIS maps that display child care providers and their status within the impacted area;
- Inspect any contingency sites that were not previously certified to verify that the site meets health and safety requirements for housing infants and toddlers;
- Monitor provider operations at contingency sites for compliance with regulations notwithstanding authorized waivers for the suspension of specific requirement;
- Maintain contact with partner agencies such as HSEMA, DHS, and other necessary CMT partners to gather status updates on recovery efforts in the impacted area;
- Rotate staff to maintain communications with partner agencies and providers on resumption

of child care functions;

- Review and process written waiver requests from Licensee(s) as provided for under Title 5-A DCMR 1 § 106;
- Work with CCR&R to maintain provider database so referrals are not made to providers that are closed or have a “STOP PLACEMENT” Determination;
- Enlist assistance of Level 2 Providers to conduct intake assessment of children in the event of an influx “new” families who may be eligible for child care subsidies as a result of the impact of the disaster;
- Assess whether there is a continued need for a waiver of operational regulations established during the response phase; and
- Restore normal DEL functions to pre-disruption levels of operation upon the deactivation of the CCDRP.

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

As part of the overall licensing process all providers (CCDF and Non-CCDF) are mandated to have ERP's and COOP plans in place that are annually reviewed and approved by our partner agencies like the DC Fire Prevention Division, Office of Risk Management and/or HSEMA COOP division. Each providers plan addresses the need to provide assistance to

Children whether impacted with a disability or just too young to understand emergency evacuation procedures such as children 2 ½ years old and younger. Emergency preparedness training is provided using a combination of resources such as HSEMA training tracker, DC Fire Prevention Division and their providers complementing their own functionality exercises submitted for review to the Lead Agency on an annual basis. All child development facility staff are required to be trained, conduct and practice emergency response drills. Volunteers are required to be informed and practice in emergency response drills.

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

The District ACF Amendment/Revision2, approved on June 13, 2016 includes an approved waiver for Section 1.8 Disaster Preparedness and Response Plan, with a targeted implementation/completion date of Sept. 30, 2018. This link will be effective Sept. 30, 2018 osse.dc.gov/publication/districtwide-child-care-disaster-response-plan.

2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

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

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

2.1.1 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.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- 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.

- Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- Caseworkers with specialized training/experience in working with individuals with disabilities
- Ensuring accessibility of environments and activities for all children
- Partnerships with state and local programs and associations focused on disability-related topics and issues
- 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
- Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- Other.

Describe:

2.2 Parental Complaint Process

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

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

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 or faxed to the Licensing and Compliance Unit(LCU) at (202) 727-7295

<https://osse.dc.gov/service/early-learning-complaints-and-unusual-incident-reporting>.

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

Upon receiving a complaint regarding licensed providers, including 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 (2) business days and Level III Complaints within three (3) 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.

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

Upon receiving a complaint regarding licensed providers, including 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. All complaints must be recorded and assigned on the day the complaint is received unless it is received after 4 pm.

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 (2) business days and Level III Complaints within three (3) business days of the receipt of the complaint. Once the severity level is determined, OSSE will initiate an investigation which includes a visit to the facility to inspect (if the complaint is environmental), review any video and/ or audio evidence, and interview staff to gather evidence to which will assist with determining 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 federal or District laws or regulations, and provider contracts. If OSSE substantiates a complaint, OSSE will issue statement of deficiencies (SOD) with a corrective action plan. In instances of egregious violations, an enforcement action with a corrective action plan may also be issued. The corrective action plans always include a monitoring component to ensure providers are taking action to comply with licensing regulations.

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

OSSE maintains a record of all complaints, including parental complaints (both substantiated and unsubstantiated) about providers. These complaints are stored in the current 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 My Child Care DC website. Substantiated complaints records are maintained for a period of three years.

2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Effective October 1, 2017 all substantiated complaints can be found on My Child Care DC,

DC's consumer-facing website at <http://childcareconnections.osse.dc.gov/>. Complaints will be posted on the website for a period of three years.

Through OSSE's website, newsletters, emails and stakeholder engagements, parents and the public are informed and made aware of documented complaints on child development facilities listed on the My Child Care DC website.

2.2.6 Provide the citation to the Lead Agency's policy and process related to parental complaints:

D.C. Code § 7–2036(b) provides that OSSE, on behalf of the Mayor, conduct investigations to ensure compliance with licensing requirements. When a complaint is received, licensed providers (both CCDF and non-CCDF) are required to comply with the request to enter the facility and conduct an investigation. See 5-A DCMR § 111 (Monitoring and Inspections).

2.3 Consumer Education Website

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets

these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. 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:

My Child Care DC is a consumer-friendly website that helps families find and compare child care options (<http://childcareconnections.osse.dc.gov/>). My Child Care DC allows families to search center-based and home-based child development providers by distance from a particular address or zip code and is accessible from mobile devices. Consumers can filter options by operating hours, type of facility, age range of students served and quality improvement ratings. The website also specifies which child development providers accept vouchers and participate in the Child and Adult Care Food Program (CACFP). The website includes a detailed, easy-to-read provider profile that consists of inspection reports, capacity, licensing information, accreditation and substantiated complaints. The My Child Care DC is easily accessible in the OSSE, DC Child Care Connections and the Thrive by Five websites. 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 for families on health, development, early care and education, as well as information for providers. To ensure that the My Child Care DC website is consumer-friendly and easily accessible, OSSE used 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 My Child Care DC 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, My Child Care DC will be 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 and can access the website and can call (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:

The Office of the State Superintendent of Education (OSSE) partners with the DC Child Care Connections (<http://dcchildcareconnections.org/>), a 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 Office of the Chief Technology office establishes the following guidelines for all District of Columbia websites.

- 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_FINAL%20120314.pdf

2.3.4 Lead Agency processes related to child care.

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

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

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 District of Columbia Municipal Regulations, 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 link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

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

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

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

2.3.5 List of providers

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

a) Provide the website link to the searchable list of child care providers:

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

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

- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers
- Relative CCDF child care providers
- Other.

Describe

N/A

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

distance, language, accreditation and hours, types of care, location, ages, zip code, and hours

License-Exempt, non-CCDF Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

N/A

License-Exempt CCDF Center Based Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information

Monitoring Reports

Other.

Describe:

N/A

License-Exempt CCDF Family Child Care

Contact Information

Enrollment Capacity

Years in Operation

Provider Education and Training

Languages Spoken

Quality Information

Monitoring Reports

Other.

Describe:

N/A

Relative CCDF Providers

Contact Information

Enrollment Capacity

Years in Operation

Provider Education and Training

Languages Spoken

Quality Information

Monitoring Reports

Other.

Describe:

N/A

Other.

Describe:

N/A

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

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

- Quality rating and improvement system
- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting prekindergarten quality requirements
- School-age standards, where applicable
- Other.

Describe

N/A

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

Licensed CCDF providers.

Describe the quality information:

All licensed CCDF providers, including child development centers, child development homes and expanded homes, are required to participate in Capital Quality, DC's redesigned Quality Rating and Improvement System. The information displayed will include the Capital Quality Designation (progressing, developing, quality and high quality) with a description of each designation. OSSE is in the process of engaging with parents through surveys and focus groups to solicit feedback on the quality indicators they would like to see included on the My Child Care DC website.

Licensed non-CCDF providers.

Describe the quality information:

Accreditation status.

License-exempt center-based CCDF providers.

Describe the quality information:

License-exempt FCC CCDF providers.

Describe the quality information:

License-exempt non-CCDF providers.

Describe the quality information:

Relative child care providers.

Describe the quality information:

Other.

Describe

All licensed non-CCDF providers, including centers, family child care homes and

expanded child care homes, are welcome to participate in Capital Quality, DC's redesigned Quality Rating and Improvement System. Embedded in Capital Quality is an engagement and self-assessment process through a continuous quality improvement plan. OSSE is in the process of engaging with parent and provider stakeholders to solicit feedback on additional quality indicators that need to be added in the My Child Care DC website. Accreditation status is provided for all licensed facilities.

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

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.

Monitoring and inspection results are posted on the My Child Care DC website in plain language

https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/Monitoring%20and%20Inspection%20Process.pdf. In posting results, OSSE considered literacy

levels, languages, alternative communication abilities, and mobile phone usability. Parents and the public may use the My Child Care DC website to link to the OSSE's Communication Team at OSSE.Communication@dc.gov to inquire about reports.

By Sept. 30, 2018, the monitoring and inspection reports will include a plain language summary and will be available on the OSSE website. The plain language summary will only be available for reports posted after Sept. 30, 2018.

b) Are monitoring and inspection reports in plain language?

If yes,

include a website link to a sample monitoring report.

OSSE is finalizing the plain language summary for monitoring and inspection reports. These summaries will be available on the website by Sept. 18, 2018. Plain language summaries will only be available for reports posted after Sept. 30, 2018.

http://childcareconnections.osse.dc.gov/MyChildCare/ProviderProfile/2607/0/E_FacilityId=1914

If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

Date of inspection

Health and safety violations, including those violations that resulted in fatalities or serious injuries.

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, My Child Care DC.

[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 My Child Care DC website). The information listed includes the deficiency type, deficiency date, deficiency code, status, corrective actions taken and date abated.

[d\) The process for correcting inaccuracies in reports.](#)

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.

[e\) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for 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 (5) 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 and/or disagreement to 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 the 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 fifteen (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 (5) days of the appeal decision to the Assistant Superintendent for Early Learning, whose decision is considered final.

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

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

g) Describe the process for maintaining monitoring 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.

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

License-exempt non-CCDF providers

Relative child care providers

Other.

Describe

N/A

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

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

Any facility 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 the Child and Family Services Agency (CFSA), via the CFSA twenty-four (24) hour Child Abuse and Neglect Hotline (202-671-SAFE) or the Metropolitan Police Department. The entity then submits a report of any serious injury or deaths of children to OSSE via OSSE.childcarecomplaints@dc.gov.

b) The definition of "substantiated child abuse" 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."

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

Any injury that requires medical attention.

d) 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 My Child Care DC website

<http://childcareconnections.osse.dc.gov/MyChildCare/AggregateData/2611/0>. By Sept. 2018, this information will be provided by facility type, will include substantiated instances of child abuse, and will show the annual (calendar year) aggregate number of these instances.

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

OSSE provides the contact information of DC Child Care Connections, the child care resource and referral agency, on our consumer-facing website My Child Care DC (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>).

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

Parents can contact OSSE staff and the DC Child Care Connections staff to better

understand the information posted on the website. The contact information is posted in the My Child Care DC (<http://childcareconnections.osse.dc.gov/MyChildCare/ContactUs>).

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/>

2.3.12 Other. Identify and describe the components that are still pending per the instructions on CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

NA

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 preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

In addition to providing information through the My Child Care DC website, the DC Child Care Connections supports families in identifying programs and resources that best meet their needs. DC Child Care Connections 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/>. Additionally, information can also be found on the Thrive by Five DC website, a one-stop resource center to help District parents and child care providers navigate the city's wide range of early health and learning resources. The Thrive by Five DC website can be accessed at <https://www.thrivebyfivedc.org/>. The D.C. Department of Human Services (DHS) Child Care Services Division provides information to families on subsidized child care services in person 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) and assists applicants in completing required forms. DHS staff also provides information on resource and referrals for traditional and non-traditional child care services.

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

OSSE partnered with DC Child Care Connections, DC's child care resource and referral (CCR&R) to help families navigate child care services, programs and supports available in the District. Through their hotline, website, email and in-person service centers, they connect families to child care services and resources that best fit their needs. DC Child Care Connections also helped market the My Child Care DC, which is 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 Child Care Connections also helped market the Thrive by Five DC which is another one-stop online resource center to help District parents and caretakers navigate the city's wide range of early health and learning resources. In addition, family engagement specialists in the Quality Improvement Network (QIN) connect parents with district agencies that offer family supports and services. Finally, OSSE staff, such as licensing staff and education service monitors, provide information about available child care resources to providers and families.

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

Temporary Assistance for Needy Families program:

Information is shared through DC Child Care Connections, DC's child care resource and referral (CCR&R) agency, who provide information about this program through the partnership with the Department of Human Services <http://dcchildcareconnections.org/resources/our-partners/>, via email, hotline and through walk-in services. This information is also shared through public events hosted by DC government agencies, schools and other community organizations. DC Child Care Connections caters to families, providers and the public. DC Child Care Connections partners with the Department of Human Services, DC Health, Department of Employment Services, District Ward Advisory Neighborhood Commissions and McKinney Vento. 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 Child Care Connections service centers. The information is tailored to the audience based on their needs. In addition, OSSE's consumer website, My Child Care DC, provides support through their Parent and Family Resources Page.

 **Head Start and Early Head Start programs:**

Information is shared through OSSE's consumer website, My Child Care DC, which provides support through their Parent and Family Resources Page <http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>. As is visible through the website, My Child Care DC caters to families, providers and the general public. DC Child Care Connections also provides support through their website, which is linked to My Child Care DC <http://dcchildcareconnections.org/families/find-child-care/>, via email, hotline and through walk-in services. This information is also shared through public events hosted by DC government agencies, schools and other community organizations. DC Child Care Connections shares information with the DC Head Start Association (DCHSA) and the Early Head Start-Child Care Partnership grant, which funds the Quality Improvement Network (QIN). Information is tailored based on prior knowledge, best practice and current information gathered from the Regional Head Start Office, Head Start grantees and local partners providing services and opportunities for parent involvement and engagement in their child's education. In addition, OSSE's Head Start State Collaboration Director participates in various Early Head Start and Head Start meetings (e.g., DCHSA, QIN) and serves as a liaison between Head Start programs and OSSE.

 **Low Income Home Energy Assistance Program (LIHEAP):**

Information is shared through OSSE's consumer website, My Child Care DC, which provides support through their Parent and Family Resources Page <http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>. As is visible through the website, My Child Care DC caters to families, providers and the general public to offer energy cost savings to low-income families in the District. Additionally, DC Child Care Connections 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.

 **Supplemental Nutrition Assistance Programs (SNAP) Program:**

Information is shared through the DC Child Care Connections website <http://dcchildcareconnections.org/>, via email, hotline and through walk-in services. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections partners with the Department of Human Services, DC Health and Department of Employment Services to provide consumer education, community events, parent workshops and through collaboration with other family support services. Families obtain information from the service centers or the appropriate District website. The information is tailored based on prior and current knowledge and coordination with local partners.

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

Information is shared through OSSE's consumer website, My Child Care DC, which provides support through their Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). DC Child Care Connections provides support through their partners, listed on their website (<http://dcchildcareconnections.org/resources/our-partners/>), via email, hotline and through walk-in services. This information is also shared through public events hosted by DC government agencies, schools and other community organizations. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections and its partners refer families who are eligible for WIC to the Department of Human Service and the 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.

Child and Adult Care Food Program(CACFP):

Information is shared through DC Child Care Connections, who provide support by connecting to their partners, via email, hotline and through walk-in services. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections collaborates with the OSSE's Health and Wellness Unit, Department of Agriculture and with 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.

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

Information is shared through OSSE's consumer website, My Child Care DC, which provides support through their Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). DC Child Care Connections also offers information through their partners, which can be found on their website (<http://dcchildcareconnections.org/resources/our-partners/>), via email, hotline and through walk-in services. This information is also shared through public events hosted by DC government agencies, schools and other community organizations. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections, in partnership with DC Health and the Department of Human Services, provides consumer education and tailors information based on families' needs.

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

Information is shared through the Parent and Family Resources Page in the My Child Care DC website (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>) provides link to the Strong Start, DC's early intervention program in the OSSE website (<https://osse.dc.gov/service/strong-start-dc-early-intervention-program-dc-eip>). 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 (<https://osse.dc.gov/page/special-education-students-disabilities>) are also in the OSSE website. Information about the DC Public School's Early Stages programs (<https://www.earlystagesdc.org/>) is linked in the DC Child Care Connections' website (<http://dcchildcareconnections.org/resources/our-partners/> and <http://dcchildcareconnections.org/for-families/children-with-special-needs/>), via email, hotline and through walk-in services. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections and its partners collaborate to offer information and technical assistance to families and providers requesting services. 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, Department of Behavioral Health, DC Health and the Department of Human Services. Information and support is tailored based on individual request.

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

OSSE shares information on research and best practices concerning children's development and successful parent and family engagement through ongoing in-person and online professional development (<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 meetings for providers and parents. 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., Classroom Assessment Scoring System 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 such as the OSSE grantees and other District agencies. The Quality Improvement Network also provides family engagement specialists who work with the providers, as well as parents and families to identify supports needed and connect them to services. Information is also available through the Thrive by Five website (<https://www.thrivebyfivedc.org/>) focused on health, early development, early care and education and information for providers. Additionally, OSSE develops print and electronic information that is shared with parents and the general public at community events and online. DC Child Care Connections also shares research and information with parents, providers and the general public through their website and in-person trainings. OSSE also meets quarterly with child development providers to share information and highlight new and

existing resources in the community. OSSE 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. Professionals can also access OSSE approved trainings through the professional development information system (<https://dcpdis.org/>). The DC Healthy Tots Act provides funding and resources to providers to support child care facilities' ability to serve nutritious meals and to offer high-quality wellness programming. The Healthy Tots Act also provides health and wellness guidelines for providers and supports for families (https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/Healthy%20Tots%20Wellness%20Guidelines.pdf). OSSE administered the Early Development Instrument (EDI) to DC schools and community-based organizations. 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. Our Children, Our Community, Our Change is a community engagement partnership of Raise DC and OSSE. In addition to the resources available on this website (<http://www.raisedc.org/ourchildren>), Our Children, Our Community, Our Change representatives have spent the past year convening stakeholders throughout the District to use EDI data in their own planning and practices.

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

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 to the general public in various ways. The DCMR 5-A, Chapter 1 licensing regulations indicate that child development staff must complete the following, 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. Additionally, OSSE provides training to providers both in-person and online. OSSE offers trainings, such as the How to Administer the Ages and Stages Questionnaires: Third Edition (ASQ-3) and the Ages and Stages Questionnaires: Social Emotional (ASQ:SE) training and the Preventing Child Abuse and Bullying training in-person. OSSE also provides additional trainings online, such as the Foundations of Curriculum course, which also covers social-emotional behavior and development. DC Child Care Connections partners with the Department of Behavioral Health and links families, providers and the general public to programs and services related to social-emotional and behavioral health. Through the Department of Behavioral Health, families may also access mental health information and consultation services. The Department of Behavioral Health provides children and family services, assessments of children for identification of services, family-centered mental health services, early intervention programs and emergency services. The Department of Behavioral Health's Healthy Futures program provides onsite training and technical assistance to early childhood educators and families to support individual children's needs. The Quality Improvement Network and Pre-K Enhancement and Expansion grantees are supported by the Department of Behavioral Health. Additionally, OSSE partners with organizations to ensure this information is available publicly and participates in fairs, open houses and information sessions for families.

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

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, 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 (3) days for any

individual incident. It establishes annual reporting requirements for each local education agency on suspensions and expulsions data for all grades. OSSE collects discipline data through a DisciplineData 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, and stakeholders, and training and professional development is developed to support child development centers to comply with the requirements for preventing suspensions and expulsions. In addition to the Pre-K Student Discipline Amendment Act of 2015, providers participating in the Quality Improvement Network (QIN) and the Pre-K Enhancement and Expansion program, receive the support of mental health consultants through a partnership with the Department of Behavioral Health's Healthy Futures program. All providers participating in Capital Quality, DC's redesigned Quality Rating and Improvement System, 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. OSSE also requires, through our Child Development Facility Regulations, for providers to maintain and provide to OSSE, upon request, for each enrolled children, a record of any suspensions or expulsions, 5A DCMR § 130.7, and 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.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under 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 must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers

through training and education (98.33(c)).

2.5.1 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)).

The DC Department of Health Care Finance 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, 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 has ongoing collaboration between child development facilities on training 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) 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. Strong Start has made developmental screening information and trainings available at both CCR&R locations, as well as in the Professional Development Information System for child development facilities. In addition, Strong Start has a developmental screening parent workshop available, that has been used with parent networking groups and other community-based organizations. At all outreach events, Strong Start provides a sign-in sheet that they use to follow-up and reach out to potential families who are interested in developmental screening information.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Strong Start, DC's Early Intervention Program (DC EIP) (children under 2 years, 10.5 months)

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 (1) 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. For children three (3) to five (5) years old, all the information on how to submit a referral for a child not currently enrolled in school is available at <http://www.earlystagesdc.org/>. Once a written referral is received, the family is contacted for an appointment to bring the child in for an evaluation and eligibility determination. If the child is found eligible for services, an Individual Education Plan (IEP) is developed and the child receives an appropriate placement in a DC Public School (DCPS). If the child enrolls 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, the following 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 regarding developmental screenings at various intake sites across the District and on the district websites. 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 has made developmental screening information and trainings available at both CCR&R locations, as well as in the Professional Development Information System for child development facilities. In addition, Strong Start has a developmental screening parent workshop available, that has been used with parent networking groups and other community-based organizations. At all outreach events, Strong Start provides a sign-in sheet that they use to follow-up and reach out to potential families who are interested in developmental screening information.

The procedures for providing information on and referring families and child care providers to development screenings include:

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 (1)

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. For children three (3) to five (5) years old, all the information on how to submit a referral for a child not currently enrolled in school is available at <http://www.earlystagesdc.org/>.

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.

e) [How child care providers receive this information through training and professional development.](#)

Strong Start, DC's Early Intervention Program is an OSSE approved training entity that provides continued education 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 trainings are offered and documented in collaboration with the DC Child Care

Connections (child care resource and referral), in order to increase child development centers' and community-based organizations' professional development, public awareness and communication. Strong Start has restructured their Community Playgroup partnerships to increase available public awareness opportunities in different wards throughout DC, by establishing a strong partnership with DC Public Library. Included in the Community Playgroup Program is the Child Find Specialists who provide developmental screenings, capacity-building coaching strategies and Strong Start referral information on a monthly basis for various populations of families in different areas of DC. 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 (Child and Family Services Agency) DCPL (DC Public Libraries) DBH (Department of Behavioral Health) DHS (Department of Human Services) Special Olympics DC Young Athletes Program · DC Health, Help Me Grow) · Early Stages (Part-B) and DC Public Schools · Child Care Resource and Referral (CCR&R) · Parent Groups (MOM's Club NW, etc.) · Children's National Hospital (Other medical clinics) · Quality Improvement Network (QIN) Hubs · Homeless Children's Playtime Project · Various Charter/Private schools · State Board of Education.

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

a) 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 District of Columbia Municipal Regulations (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. This information about the child care provider selected by the parent includes health and safety requirements met by the provider,

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

2.6.1 Certify by describing:

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

Parents receive the consumer statement information through My Child Care DC.

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

Families receive the information when they receive their admission form for child care.

The My Child Care DC profile is made available to families.

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

http://childcareconnections.osse.dc.gov/MyChildCare/ProviderProfile/2607/0/F_FacilityId=2030

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type 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.

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)).

3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children

from 6 weeks

(weeks/months/years)

through 12

years (under age 13). . Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above

but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

- 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 nineteen (19) years old if the child has special needs, which is defined as conditions or characteristics of a child under the age of nineteen (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 age 13 and above but below age 19 years 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?

"residing with":

In absence of 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.

"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 based on reason for care

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

"Working":

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.

"Job training":

Preliminary Training: A basic training provided 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 (2) years if training is non-degree program.

"Education":

A student attending either: (1) A full-time undergraduate program with a minimum of twelve (12) credit hours per semester or six (6) credits hours for a summer session (continuing student only); or (2) A part-time undergraduate program with less than twelve (12) credit hours per semester while also employed. Each credit hour equals one (1) hour of work per week.

"Attending job training or education" (e.g. number of hours, travel time):

20 hours

3.1.2 Eligibility criteria based on reason for care

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

No.

If no, describe the additional work requirements:

Yes.

If yes, describe the policy or procedure:

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 working or attending a job training or education program attend a training or undergraduate program for a minimum of 20 hours weekly. The applicant may also combine a training or undergraduate program with employment to meet the 20 hour weekly requirement. See above subsection (a) for definitions. Acceptable documentation for verification of participation in a training program 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 parents also includes teen or young adult parents, under the age of 26 years old, 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

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 three (3) month grace period from the date of graduation before income requirements and any co-payment are applied. Acceptable documentation for verification of a f teen or young adult parent(s)' enrollment and attendance includes one of the following: (1) Written documentation of enrollment including student's name, address, social security number or student ID number with date of enrollment; or (2) A printout of the student's class schedule if application is during the start of a new school year or a letter from a school official if application taken any other time of the school year. Documentation must include the student's name, address, social security number or student ID number signed and dated by an appropriate official. Teen or young adult parent(s) who submit an application for subsidized child care in the summer or in beginning of the school year have thirty (30) days from the date of the application to submit documentation for proof of attendance.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 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 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, under the age of 26 years old, 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 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 three (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 Employment Provider (TEP), Office of Work Opportunity (OWO), or an ESA-approved job search or work experience program.

[3.1.2 Eligibility criteria based on reason for care](#)

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

No.

Yes. If yes:

i. Please 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 (658E(c)(5))?

No

Yes

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

No

Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of 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 eighty five percent (85%) of the DC 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:

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

- Exempt Income. The following income shall not be included in determining gross annual family income: (A) TANF benefits; (B) Supplemental Security Income (S.S.I.); (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 (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
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 (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	\$4,353	\$3,700	\$2,513	58%
2	\$5,474	\$4,653	\$3,383	62%
3	\$6,762	\$5,748	\$4,254	62%
4	\$8,050	\$6,843	\$5,125	64%
5	\$9,339	\$7,938	\$5,996	64%

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)).

NA

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

d) SMI source and year. LIHEAP SMI Estimates FY2018

e) Identify the most populous area of the State used to complete the chart above.

NA

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 10/01/2017

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 \$1,000,000 signature. 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 District of Columbia 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 August 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(b)(3) of OSSE's Eligibility Determinations for Subsidized Child Care Policy 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 priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

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)). 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.

- Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- Establishing minimum eligibility periods greater than 12 months
- Using cross-enrollment or referrals to other public benefits
- 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
- Providing more intensive case management for families with children with multiple risk factors;
- 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
- Other.

Describe:

OSSE uses locally appropriated child care subsidy funds to support Early Head Start child care partners who are part of the Quality Improvement Network. 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.

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

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

- 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 copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

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

N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

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

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) 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 twelve (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 (3) months. At the end of the three (3) month period of continued assistance, if the gross annual family income is below 85% of the most current SMI, assistance cannot be terminated and the child shall continue receiving assistance until the next scheduled redetermination.

Note, currently District regulation and policy sets the graduated phase out level at 300% of FPL or 85% of SMI, which ever is lower. However, the updated regulations striking 300% from 5-A DCMR 201.7 and 201.8 will go into effect October 1, 2018. Corresponding amendments to [OSSE's Eligibility Determinations for Subsidized Child Care Policy Manual](#) will also be published by October 1, 2018.

[Provide the citation for this policy or procedure.](#)

The District of Columbia [Mayor's Order 2009-3](#), dated January 15, 2009 *nunc pro tunc* to August 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 200.6(b)(3) of [OSSE's Eligibility Determinations for Subsidized Child Care Policy Manual](#) and 5-A DCMR §§ 201.7 and 201.8.

- [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.](#)

[Provide the second tier of eligibility for a family of three.](#)

[Describe how the second eligibility threshold:](#)

- i. [Takes into account the typical household budget of a low-income family:](#)

ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

iv. Provide the citation for this policy or procedure:

Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copays 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 3.3.3 of the plan.*)

No.

Yes.

Describe:

3.1.8 Fluctuation in earnings.

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

- Average the family's earnings over a period of time (i.e. 12 months).

Describe:

- Request earning statements that are most representative of the family's monthly income.

Describe:

The District of Columbia determines the gross annual family income, 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 eighty five percent (85%) of the DC median income (SMI) do not affect eligibility or parent share of cost. Section 200.7(b)(3) of the District's Child Care Subsidy Eligibility Determination Manual requires that irregular fluctuation of earnings or 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.

- Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

Other.

Describe:

The District also considers overtime is countable as part of the applicant's income if it is worked on a regular basis. As a general rule, if at least one (1) of the two (2) pay statements presented reflect overtime, the salary must be calculated to include the overtime by adding the total gross family income for the two (2) pay statements and finding the average [dividing by two (2)], then converting to an annual figure. However, if the applicant declares that overtime is not regularly worked, the applicant is given the opportunity to provide proof through documentation.

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

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.

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 Child Care Subsidy Eligibility Determination 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.

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

Describe:

Age:A child for whom care is sought is under thirteen (13) years old, or under nineteen (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 Child Care Subsidy Eligibility Determination 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 six (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 shall present proof of such 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) Temporary Assistance for Needy Families (TANF); or (B) Food Stamp Employment/Training Program.

 **Work.**

Describe:

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 Child Care Subsidy Eligibility Determination Manual sets forth acceptable documentation for the verification of employment includes: Two most recent consecutive pay statements (original statements) verifying employment, including the name of the employee, number, number of hours worked and wages or 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. For NEWLY EMPLOYED individuals, an original letter from the employer on business letterhead with the 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 and 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 in a case where a 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 two original pay statements to complete the requirement for two (2) original pay statements. -Referrals from the Economic Security Administration or one of its vendors who provide training and placement; -An employee who receives a direct deposit and does not receive pay stubs or an employee who has only self-generated computer pay statements; -Confirmation of job search from the DC Department of Employment Services; or -Confirmation of work experience program from the DC Public School Office or Work Opportunities; Self Employed persons must supply the same documents maintained for income and tax purposes, including: Letters of employment-Follow up is requested to submit pay

stubs and/or tax verification; Self-employment bookkeeping records; and Work schedules

Job training or educational program.

Describe:

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 Child Care Subsidy Eligibility Determination Manual sets forth acceptable documentation for of participation in a training program 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.

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 and shall present proof such during both eligibility determination and redetermination. Section 300.3(b)(5) of the District's Child Care Subsidy Eligibility Determination Manual sets forth acceptable documentation for income verification, which 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.

[Household composition.](#)

[Describe:](#)

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 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.

Section 300.3(b)(5) of the District's Child Care Subsidy Eligibility Determination Manual sets forth acceptable documentation for family size verification,

[Applicant residence.](#)

[Describe:](#)

A child shall be a resident of the District of Columbia and shall present proof of such

during both eligibility determination and redetermination. Section 300.3(b)(4) of the District's Child Care Subsidy Eligibility Determination 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.

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 DC (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 DC up until the age of nineteen (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.

Other.

Describe:

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

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

Track and monitor the eligibility determination process

Other.

Describe:

The lead agency monitors a random selection of 25 percent of all eligibility records from the Department of Human Services, 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.

None

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

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

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

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

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

a) Identify the TANF agency that established these criteria or definitions: DC Department of Human Services (DHS)

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

"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..

"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.

"Unsuitability of informal child care":

Unsuitable Informal Child Care is care that is not licensed or is license - 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 the Office of State Superintendent of Education. Informal Child Care is defined as care provided by relative or in-home providers who are selected by the parents. Such providers must have an official provider agreement with the Parent and a Provider Agreement for Subsidized Child Care Services with OSSE along with current health certificates for themselves and the children in their care.

"Affordable child care arrangements":

Affordable child care arrangements are terms of agreement between the parents and the provider that meet the needs of the parents and the children by using the Child Care Subsidy with the providers in the District of Columbia. Parents can obtain care for their children using the available subsidy, as long as they are participating with the District of Columbia's extensive provider 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?

In writing

Verbally

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/page_content/attachments/ESA_Policy_Manual_Combined.pdf

3.2 Increasing Access for Vulnerable Children and Families

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

Note:

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

3.2.1 Describe how the Lead Agency 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 a family of three with an income at or below \$20,420 per year. 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 this special population.

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

a) Identify how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

Applicant parents of children with special needs are waived of the requirements to participate in a qualifying activity (e.g. training or employment). Applicants are still required to meet the income threshold requirements but expenses attributed to caring for a child with special needs is a deductible expense from the income

determination. Per 45 CFR 98.20(a)(3)(ii), the District has identified children with special needs as part of the vulnerable population.

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

Applicant parents of children experiencing homelessness are waived of the requirement to participate in a qualifying activity and income threshold requirements. Eligibility staff does not calculate income to determine eligibility or co-payment.

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

- Prioritize for enrollment
- Serve without placing these populations on waiting lists

- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

Effective October 1, 2016, TANF applicants are eligible for child care services with evidence of acceptance and approval of the applicant's Individual Responsibility Plan.

3.2.3 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.

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

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

3.2.5 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 TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

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

Upon initial eligibility determination, children eligible for subsidized child care pursuant to this subsection shall be permitted to enroll in the subsidized child care placement prior to

completion of all required documentation and are provided a sixty (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.

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

OSSE and the Department of Human Services partner to ensure that the District's central intake center for families who are experiencing homelessness has access to a child care intake specialist. Training has been provided to all child care intake staff and community staff in Level Two site on new eligibility criteria. Children experiencing homelessness are categorically eligible for child care subsidy.

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)).

3.2.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

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

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

Children experiencing homelessness (as defined by Lead Agency's CCDF)

A Licensee shall provide a sixty (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.

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.

Children who are in foster care.

A Licensee shall provide a sixty (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.

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)).

The Department of Human Services (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:

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

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

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

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

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 twelve (12) month eligibility period regardless of:

- (a) A change in gross annual family income, if the gross annual family income does not exceed eighty-five percent (85%) of the SMI for a family of the same size;
 - (b) 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);
 - (c) A change in the child's age, including turning thirteen (13) during the eligibility period;
- or
- (d) Any change in residency *within* the District of Columbia.

Section 500.1 in [OSSE's Eligibility Determinations for Subsidized Child Care Policy 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 twelve (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.

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

A temporary change shall include any of the following:

- (a) Any time limited absence from work for employed parent or guardian due to reasons such as need to care for a family member or an illness;
- (b) Any interruption in work for a seasonal worker who is not working between regular industry work seasons;
- (c) Any student holiday or break for a parent or guardian participating in training or education;

- (d) Any reduction in work, training or education hours to less than twenty hours per week, as long as the parent or guardian is still working or attending training or education;
- (e) Any other cessation of work or attendance at a training or education program that does not exceed ninety (90) calendar days;
- (f) Any change in age, including turning thirteen (13) years old during the eligibility period;
- and
- (g) Any change in residency within the District of Columbia.

c) Provide the citation for this policy and/or procedure.

The District of Columbia [Mayor's Order 2009-3](#), dated January 15, 2009 *nunc pro tunc* to August 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 Eligibility Determinations for Subsidized Child Care Policy Manual](#) and 5-A DCMR §§ 201.3 through 201.5.

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

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

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

a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

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 the 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.

A verified job search includes a job search program through the District's Department of Employment Services 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.

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

12 months

iv. Provide the citation for this policy or procedure.

The District of Columbia [Mayor's Order 2009-3](#), dated January 15, 2009 *nunc pro tunc* to August 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 Eligibility Determinations for Subsidized Child Care Policy Manual](#) and 5-A DCMR §§ 201.5.

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

- Not applicable.
- Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

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

ii. Provide the citation for this policy or procedure:

- 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 January 15, 2009 *nunc pro tunc* to August 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 200.6(b)(2) of [OSSE's Eligibility Determinations for Subsidized Child Care Policy Manual](#) and 5-A DCMR §§ 201.5.

- 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 twelve (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 the District'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 January 15, 2009 *nunc pro tunc* to August 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 600.2 of [OSSE's Eligibility Determinations for Subsidized Child Care Policy Manual](#) and 5-A DCMR §§ 202.

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

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

Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

Applicants shall notify OSSE, or its authorized designee, within ten (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 eighty-five percent (85%) of the SMI for a family of the same size.

Changes that impact the Lead Agency's ability to contact the family.

Describe:

Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

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

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

Phone

Email

Online forms

Extended submission hours

Postal Mail

FAX

In-person submission

Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

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

Any change in residency to outside of the District of Columbia.

ii. Provide the citation for this policy or procedure.

The District of Columbia [Mayor's Order 2009-3](#), dated January 15, 2009 *nunc pro tunc* to August 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(c) of [OSSE's Eligibility Determinations for Subsidized Child Care Policy Manual](#) and 5-A DCMR § 201.6.

3.3.4 Prevent the disruption of employment, education, or job training activities

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents 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, etc.).

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.

Advance notice to parents of pending redetermination

- Advance notice to providers of pending redetermination
- Pre-populated subsidy renewal form
- Online documentation submission
- Cross-program redeterminations
- Extended office hours (evenings and/or weekends)
- Other.

Describe:

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.

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- Postal Mail
- Email
- Online forms
- FAX
- In-person submission
- Extended submission hours
- Other.

Describe:

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other

factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

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

	(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)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	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)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	13266	20.40	2%	30150	154.60	6.7%
2	17864	20.40	2%	40600	154.60	6.7%
3	22462	20.40	2%	51050	154.60	5%
4	27060	20.40	1%	61500	154.60	4%
5	31568	20.40	1%	71950	154.60	4%

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

c) Identify the most populous area of the state used to complete the chart above.

NA

d) Provide the link to the sliding-fee scale: <http://dcrules.elaws.us/dcmr/5-a204>

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

NA

3.4.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply.

The fee is a dollar amount and:

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

Describe:

Other.

Describe:

The fee is a percent of income and:

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

Describe:

Other.

Describe:

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

No.

Yes, check and describe those additional factors below.

Number of hours the child is in care.

Describe:

Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

Other.

Describe:

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

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

Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.

Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead

Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

See response below.

- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

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 one hundred percent (100%) but less than or equal to two hundred fifty percent (250%) 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 (3) 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 January 15, 2009 *nunc pro tunc* to August 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 Eligibility Determinations for Subsidized Child Care Policy Manual](#) and 5-A DCMR §§ 204.2 and 204.3

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

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

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

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

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

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

- Certificate that provides information about the choice of providers
- Certificate that provides information about the quality of providers
- Certificate not linked to a specific provider, so parents can choose any provider

- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of the application
- Community outreach, workshops, or other in-person activities
- Other.

Describe:

My Child Care DC is a consumer-friendly website that helps families find and compare child care options (<http://childcareconnections.osse.dc.gov/>). My Child Care DC 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 My Child Care DC website with the voucher. Providers are also required to maintain this flier near the sign in/sign out area.

4.1.3 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.4.

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 type(s) of child care services available through grants or contracts:

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

iv. The process for accessing grants or contracts:

v. How rates for contracted slots are set through grants and contracts:

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

vii. If contracts are offered statewide and/or locally:

4.1.3 Child care services available through grants or contracts.

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

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

Describe

There are no descriptions needed.

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the

quality of specific types of care? Check all that apply.

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

Describe

There are no descriptions needed.

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.

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

Describe:

Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

Providers are required to be at least 21 years of age.

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

Describe:

Restricted to care by relatives.

Describe:

Restricted to care for children with special needs or a medical condition.

Describe:

Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

Other.

Describe:

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is 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 how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up to date data.
- Describe the estimated reporting burden and cost to conduct the approach.

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

MRS

Alternative methodology.

Describe:

On May 14, 2018, 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 its 2015 Cost Estimation Model that was developed in consultation with nationally recognized early childhood finance experts. The model includes the cost of delivering services at each level of the District's Quality Rating and Improvement System (QRIS) in center and home-based settings that serve children of varying ages and needs. Capital Quality, DC's re-designed Quality Rating and Improvement System (QRIS) includes four designations: developing, progressing, quality and high quality. The goals of the alternative methodology are to: 1) identify the fiscal impact of the DC licensing and QRIS standards; 2) identify key cost drivers that cut across all QRIS designations; 3) carefully explore differential costs between programs that serve primarily (or exclusively) infants and toddlers and those that serve primarily (or exclusively) three- and four-year old children; and 4) 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 requested to use the same, but updated, model because the District was able to use the results from the 2015 cost estimation model to inform rate setting and make targeted and meaningful investments in supporting providers' financial sustainability.

Both.

Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or 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)).

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

On April 5, 2018, prior to requesting ACF approval of an alternative methodology, OSSE, as the lead agency, consulted with and received support to submit this request by the District of Columbia State Early Childhood Development Coordinating Council ("SECDCC"), established by D.C. Official Code § 38-271.07.

b) Local child care program administrators:

The District of Columbia does not have a separate local administrator of child care programs, OSSE is both the local and state administrator.

c) Local child care resource and referral agencies:

The Child Care Resource and Referral Agency for the state is a member of the SECDCC and has provided a review and input into OSSE's alternative methodology.

d) Organizations representing caregivers, teachers, and directors:

OSSE consulted with child development providers at OSSE's Child Care Leaders' Summit and Networking Event on April 28, 2018. There were over 110 center directors, owners and executive directors present for the event. On May 10, 2018, the DC Association for the Education of Young Children convened a meeting with over 25 child development center and home providers. OSSE was invited to discuss the CCDF Plan and to solicit input on the cost estimation model. The President of the Family Child Care

Association was also in attendance.

e) Other. Describe:

N/A

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

The District used a cost modeling approach in 2015 that was developed and tested by national experts Anne Mitchell of the Alliance for Early Childhood Finance and Andrew Brodsky of Brodsky Research and Augenblick, Palaich and Associates (APA), a leader in education finance. These leaders worked collaboratively with the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care through the support of the National Center on Child Care Quality Improvement and the Child Care State Systems Specialist Network to build 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. For the 2018 cost estimation model, OSSE carefully reviewed the data used to inform cost assumptions in the 2015 model to ensure it accurately reflects the providers' current experience. For example, OSSE made significant changes to the licensing regulations in 2016 in terms of professional development training requirements and staff credential requirements and those assumptions were updated in the 2018 cost estimation model. The changes in the minimum wage, living wage and an employer tax to pay for Paid Family were updated in the cost model. Additionally, in 2015, the interactive model used the Quality Rating and Improvement System (QRIS), the District's three tiered-rate reimbursement framework, to estimate the cost of quality in both child development centers and homes. However, with the migration to Capital Quality, DC's redesigned QRIS, beginning Oct. 1, 2018, the 2018 cost estimation model must reflect Capital Quality's four designations: High-Quality, Quality, Progressing, and Developing. The 2018 cost estimation

model was also updated to reflect the subsidy payment rate increases in FY17 and FY18.

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

a) Geographic area (e.g., statewide or local markets). Describe:

N/A - the District of Columbia has only one geographic area

b) Type of provider. Describe:

The 2015 cost estimation model demonstrated there is a gap between the cost of providing care at different levels of quality and the revenue sources available to support a particular type of provider. Understanding the size of the gap at different quality designations, for different provider types (child development centers, child development homes and child development expanded homes), informed the FY19 subsidy reimbursement rates. For the 2018 cost estimation model, OSSE carefully reviewed the data used to inform cost assumptions in the model to ensure it accurately reflects the current experience of different types of providers. The District ran scenarios for the following program models: 1) child development homes and expanded homes, 2) child development centers serving children birth to age five, 3) centers serving children birth to age three, 4) centers serving children birth to age five that receive Pre-K Enhancement Funding through the state Pre-k program, 5) centers serving children birth to age five with before and after school programming, 6) Level 2 centers, and 7) centers participating in the Quality Improvement Network.

c) Age of child. Describe:

As with the approved 2015 cost estimation model, the 2018 cost estimation model provided complete information that captures the universe of providers in the child care market and reflects variations in the cost structure along relevant dimensions, including provider type, age of children, provider quality, income mix of enrolled children and needs of the children served. The 2018 cost estimation model looked at the cost of delivering care to infants, toddlers, preschool and school age children.

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

In 2015, the interactive model used the Quality Rating and Improvement System (QRIS), the District's three tiered-rate reimbursement framework, to estimate the cost of quality in both child development centers and homes. However, with the migration to Capital Quality, DC's redesigned QRIS, beginning Oct. 1, 2018, the 2018 cost estimation model reflects Capital Quality's four designations: High-Quality, Quality, Progressing and Developing. The District's 2018 cost estimation model also analyzed the following cost and revenue drivers: implementation of health safety, quality, and staffing requirements - including increases in staff qualifications and trainings; higher-quality care, as defined by OSSE's redesigned tiered quality rating system; the need for more staff time for family engagement, curriculum planning and child assessment. The cost estimation model also looks at participation in the USDA Food Program and other incremental revenue sources. Additionally, the model accounts for ratios; group size; facility size and age groups served, staff compensation (salary and benefits); parent tuition/fees; third party funding (subsidy, pre-K); full collection of revenues; and enrollment efficiency.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

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

a) Date of completion of the market rate survey or alternative methodology (must be no

earlier than July 1, 2016, and no later than July 1, 2018). 07/01/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 10/31/2018

c) 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 post the "Modeling the Cost of Care in the District of Columbia in 2018" report to www.osse.dc.gov no later than October 31, 2018. The direct link to the report will be as follows: osse.dc.gov/publication/modeling-cost-child-care-district-columbia-2018.

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The lead agency consulted two primary stakeholder groups for input regarding the cost estimation model. In May 2018, the lead agency presented the cost model methodology to the local DC chapter of the National Association for the Education of Young Children (DCAEYC). The meeting was attended by owners and directors of child development centers and homes including the President of the DC Family Child Care Association and the President of the DCAEYC. The presentation included detailed descriptions of cost drivers (personnel and non-personnel) and revenue sources. The lead agency consulted the DCAEYC members on the accuracy of cost drivers, revenue sources and members provided input on the estimated enrollment and exposure/bad debt assumptions. Members also provided input on the cost per square foot of facility space in the District, as well as the correct personnel that should be included in the model. All of this input was taken into account and incorporated into the cost model assumptions. The lead agency also consulted the SECDCC to seek approval to conduct the alternative methodology. During the District of Columbia's FY19 budget hearings, several stakeholders testified to the need for the District to increase our payment rates. Additionally, on August 29, 2018, OSSE convened a group of stakeholders to discuss the cost estimation model results. The individuals in attendance included the President of DCAEYC, DC Fiscal Policy Institute, the President of the Washington Association of Child Care Centers, co-chairs of the SECDCC finance and policy committee, President of the DC Family Child Care Association, child development center executive directors who serve on the Access to Quality Child Care Fund Advisory Committee, a Head Start program representative, DC Action for Children, the Low Income Investment Fund and

DC Appleseed. OSSE presented background on the cost estimation model, shared the updates made to the model and the cost and revenue driver assumptions and how it was used to inform rate setting for FY19. OSSE discussed the results at length with participating stakeholders and received feedback and input on the cost drivers and potential policy decisions that could be informed by the model.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

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

Rate \$ 65.43 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: N/A

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

Rate \$ 50.46 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: N/A

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

Rate \$ 65.43 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: N/A

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

Rate \$ 50.46 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: N/A

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

Rate \$ 48.87 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: N/A

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

Rate \$ 30.84 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: N/A

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

Rate \$ 36.06 per day unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: N/A

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

Rate \$ 28.00 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: N/A

i) Describe how part-time and full-time care were defined and calculated.

Part-time care is defined as less than 6 hours per day and full-time care is defined as 6-11 hours per day. Full time rates were calculated based on the results of the District's 2018 Cost Estimation Model, and part time care rates are calculated as 60 percent of the

full-time rates.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 10/01/2018

k) Identify the most populous area of the state used to complete the responses above.

N/A

l) Provide the citation or link, if available, to the payment rates.

<http://dcrules.elaws.us/dcmr/5-a203>

m) 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

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

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

Differential rate for *non-traditional hours*.

Describe:

The District of Columbia's tiered reimbursement structure does not include a base rate that is incrementally increased for targeted needs, and accordingly, the District does not have a "differential rate" for non-traditional hours. All reimbursement rates are specifically informed by OSSE's 2018 cost estimation model and based on:

1. Age group which includes the following:
 - Infant and toddler

- Infant and toddler Special Needs
 - Pre-School
 - Pre-School Before and After
 - School-Age Before and After
 - School-Age Before or After
 - Preschool and School Age Special Needs
2. Quality designation, which as of October 1, 2018, OSSE has four quality designations in the Capital Quality program: High Quality, Quality, Progressing and Developing)
 3. Setting/Facility Type, for example a home or center; and
 4. Service type, which includes full-time or part-time care in traditional, non-traditional, and extended day settings

Care during non-traditional hours is considered a service type. Full time non-traditional care is defined as six (6) to eleven (11) hours between 6:00 p.m. and 7:00 a.m., Monday through Friday; or six (6) to eleven (11) hours on Saturday or Sunday, regardless of the time of day. Nontraditional part-time is defined as less than six (6) hours between 6:00 p.m. and 7:00 a.m., Monday through Friday; or less than six (6) hours on Saturday or Sunday, regardless of the time of day. The rates for full time non-traditional care for an infant and toddler in a center vary by quality designation as follows: developing \$81.79; progressing: \$85.40; quality \$95.98; and high-quality: \$117.39.



[Differential rate for *children with special needs*, as defined by the state/territory.](#)

Describe:

The District of Columbia's tiered reimbursement structure does not include a base rate that is incrementally increased for targeted needs, and accordingly, the District does not have a "differential rate" for non-traditional hours. All reimbursement rates are specifically informed by OSSE's 2018 cost estimation model and based on:

1. Age group which includes the following:
 - Infant and toddler
 - Infant and toddler Special Needs
 - Pre-School
 - Pre-School Before and After
 - School-Age Before and After
 - School-Age Before or After
 - Preschool and School Age Special Needs
2. Quality designation, which as of October 1, 2018, OSSE has four quality designations in the Capital Quality program: High Quality, Quality, Progressing and Developing)

3. Setting/Facility Type, for example a home or center; and
4. Service type, which includes full-time or part-time care in traditional, non-traditional, and extended day settings

The special needs infant and toddler rate is \$77.78 per day, regardless of quality designation and the special needs school age rate is \$61.49. The special needs rate is not limited to certain centers, but rather follows the child with special needs if the center can demonstrate that they have additional costs that warrant the higher rate. Special needs is defined in 5A DCMR § 299 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)." Additionally, the District specifically increased this rate in FY18 as a result of the cost model estimation which revealed that even with a higher subsidy reimbursement rate for children with special needs, child development centers that specialize in care for children with special needs incur significant losses. More specifically, the cost model estimation showed that the revenue gap between a gold center and a gold center serving children with special needs was significant, because the higher level of care requires more support and additional resources, such as the need for additional teaching staff and support staff with specialized credentials.

[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:](#)

The District of Columbia's tiered reimbursement structure does not include a base rate that is incrementally increased for targeted needs, and accordingly, the District does not have a "differential rate" for non-traditional hours. All reimbursement rates are specifically informed by OSSE's 2018 cost estimation model and based on:

1. Age group which includes the following:
 - Infant and toddler
 - Infant and toddler Special Needs
 - Pre-School
 - Pre-School Before and After
 - School-Age Before and After
 - School-Age Before or After
 - Preschool and School Age Special Needs
2. Quality designation, which as of October 1, 2018, OSSE has four quality

designations in the Capital Quality program: High Quality, Quality, Progressing and Developing)

3. Setting/Facility Type, for example a home or center; and
4. Service type, which includes full-time or part-time care in traditional, non-traditional, and extended day settings

The rates full time care for an infant and toddler in a center vary by quality designation as follows: developing \$; progressing: \$85.40; quality \$95.98; and high-quality: \$117.39.

- 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:

- Differential rate for higher quality, as defined by the state/territory.

Describe:

Prior to October 1, 2018, child care providers who meet NAEYC accreditation standards received gold tier reimbursement rates. Infant and toddler gold rate for full-time traditional care at a child development center is \$76.78. Additionally, child care providers (home and centers) who participate in the Quality Improvement Network receive a QIN rate for the provision of high-quality care that meets Early Head Start standards. The rate for a QIN eligible child enrolled in a center is \$83.75 per day for infants and toddlers and the home QIN rate is \$65.07 per day for enrolled infants and toddlers. With the migration to Capital Quality, DC's redesigned QRIS, effective Oct. 1, 2018, the tiered reimbursement rates will reflect four designations: High-Quality, Quality, Progressing and Developing.

- Other differential rates or tiered rates.

Describe:

Besides full-time traditional, part-time traditional, and non-traditional, OSSE employs tiered reimbursement rates for extended day full-time (base rate for infant and toddler care at a center is \$71.97 per day) and extended day part-time (base rate for infant and toddler care at a center is \$45.80 per day)

- Tiered or differential rates are not implemented.

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

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

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

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 child care, browse and compare child care options by location and zip code, and learn about available early childhood resources on the My Child Care DC website. Additionally, over half of our licensed child development facilities (centers and homes) participate in the subsidized child care program in all eight wards of 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 (families must try to find care with at least three licensed providers before this option is considered). The District has decreased barriers to participation by increasing subsidy reimbursement rates based on the average cost of providing child care. The alternative methodology described in section 4.2.1 estimated the average cost of care at different levels of quality, and the District was able to increase the reimbursement rates to meet these levels. Additionally, the District is exploring contracting for child care slots, which should further break down any existing or perceived barriers to participation. 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 has 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 have paid out reimbursements on time consistently. OSSE also implemented an initial registration fee of \$75 per child. OSSE acknowledges there may be other obstacles that may force some providers to limit the number of children receiving subsidies in their care. One obstacle is the high demand for infant and toddler slots throughout the city. To address this, the District awarded \$9M through the Access to Quality Child Care Fund for child development facilities to increase the number of available slots and prioritized subsidy providers (including new subsidy providers) to receive this funding. OSSE acknowledges that the reimbursement payment practices may also be an obstacle that limits the number of children receiving subsidies that some providers are able to serve. OSSE is exploring whether reimbursement payment practices are actual barriers to participation for District subsidy providers, given the higher reimbursement rates and the on time and consistent payments to providers. OSSE will explore whether contracting for slots in quality and high-quality centers and homes who serve a high proportion of eligible children is a viable solution to address this potential issue. OSSE is committed to aligning incentives to accelerate achievement for those learners most in need and eliminate barriers to equal access.

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

OSSE conducted the 2018 cost estimation methodology to assess the cost of delivering care in different settings, to children of different ages, and ultimately estimate the average cost of care at the varying levels of quality for both the Center Model and the Home Model. In order to determine the actual rates for FY19, OSSE balanced this estimated average cost of care, current child eligibility requirements, and actual subsidy enrollment rates against the total available local and federal funding, which included the FY19 local enhancement and federal increase. As such, OSSE amended reimbursement rates for all age groups in all settings across all Capital Quality designations.

The new FY19 subsidy reimbursement rates were informed by the average cost of care developed in the cost models. Based on this, the Developing designation experienced the highest increase, due to the increased requirements for health and safety that were promulgated in the 2016 child care licensing regulations and the reauthorized CCDBG

Act. These new requirements raised the level of care for all providers, but results in the largest increase for centers and homes designated as Developing.

For both centers and homes, the School Age rate was raised to the same dollar amount for each service type, regardless of a provider's Capital Quality designation. School age before and after care programs are currently not rated in the Capital Quality QRIS, so the District has established one rate for all school age programs. On average, centers received a 57% increase and homes received a 24% increase in tiered reimbursement rate from FY18 to FY19.

[c\) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.](#)

The District's 2018 Cost Estimation model accounts for staffing requirements, professional development, and health and safety requirements. In addition to reimbursement rates, OSSE supports all licensed facilities in the District of Columbia by paying for criminal background checks, annual fire inspections and all the required health and safety courses. Additionally, all staff working in our licensed child development facilities have 24/7 access to professional development through Quorum, an online learning platform with over 120 training hours available in both English and Spanish.

[d\) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators \(e.g. provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures\).](#)

The Lead Agency increased rates twice in the past two years, and will increase again on October 1, 2018, using information from the District's 2018 cost estimation model. The 2018 cost estimation model estimated the cost of care at each Capital Quality designation, for homes and centers, using a variety of scenarios (facility size, enrollment efficiency, income mix, differential revenue streams, compensation levels of staff and ages of children served) and rates were increased to ensure equal access based on this information within available resources.

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

Limit the maximum co-payment per family.

Describe: .

The co-payment is applied only to the two youngest children receiving subsidy and does not exceed seven percent of a family's income. The co-payment is only applied to family incomes above 100 percent of FPL.

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

Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.

Other.

Describe:

f) To support parental choice and equal access to the full range of child care options, 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.

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

Providers are paid based on a child's monthly attendance, including five unexcused absences per month. Children are allowed 15 excused absences per month, with supporting documentation. Additionally, families are given 15 days of vacation annually. The Lead Agency is exploring alternative payment practices that may be more provider-friendly, such as paying based on enrollment rather than attendance and/or developing grants or contracts for subsidized slots.

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

Geographic area.

Describe:

N/A

Type of provider.

Describe:

Child care provider payment rates are differentiated by home or center, or relative and in-home care.

Age of child.

Describe:

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).

Quality level.

Describe:

Child care provider payment rates are differentiated by the quality tier designation assigned in the Capital Quality QRIS program.

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.

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

Based on the District's 2018 Cost Estimation Model child care payment rates are set to reimburse providers for the average cost of care, based on age and quality of the center. For further discussion, see Section 4.4.1, above.

Feedback from parents, including parent surveys or parental complaints.

Describe:

Other.

Describe:

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85

percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

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

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

4.5.1 Certify by 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):

Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

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):

Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

Per OSSE policy, providers are paid for five unexcused absences and 15 excused absences each month and 15 days of vacation annually. No documentation is required to support the unexcused absences. Excused absences must be accompanied by a doctor's note submitted with the monthly invoice.

Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c) 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. Effective Oct. 1, 2018, OSSE will include an initial registration fee in its payment policies 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, 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:

The Department of Human Services (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 redetermination 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:

N/A

4.5.2 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:

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

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 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.

In licensed family child care.

A Child Care Supply and Demand Study, funded by a private foundation, will be published in the fall of 2018. This study includes both center-based and home-based child development facilities. Preliminary results indicate a shortage of high-quality infant and toddler slots throughout the District. This study will help OSSE prioritize facility expansion funding through OSSE's Access to Quality Child Care Expansion grant. Additionally, OSSE contracted a third party study of the availability of facilities providing nontraditional hour child care in the District. This study will also be published in the fall and will be used to inform supply building strategies.

In licensed child care centers.

Same as above.

Other.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

OSSE established the Shared Services Business Alliance (the Alliance) for child development homes in FY17 and has enrolled 20 home providers as of June 2018, with a target of 35 total home providers participating by the end FY2018. The Alliance is focused on establishing a network for home providers to access for best practice information and technical assistance and utilize the economies of scale that result from shared business services. The Alliance began with a survey of the home providers in the District to assess their unique needs. Based on the needs assessment survey, the Alliance established a set of services in four tiers of

services. This includes site visits for support and technical assistance with an average of two to three visits per month. The Alliance members meet on a quarterly basis to inform further development of the Alliance with a capstone meeting occurring twice annually. During this meeting, participants discuss the previous year and plan for the upcoming year. The Alliance is counseled by an advisory committee, which includes home providers, postsecondary representatives, DC Child Care Connections, and the Capital Quality facilitators. In addition to the Alliance, OSSE also supports efforts through the Mayor's office to co-facilitate resource fairs in support of opening new child development facilities. These clinics provided information on the process and include representatives from all agencies that an individual wishing to open a facility would need to engage.

[Start-up funding.](#)

[Describe:](#)

OSSE is currently administering year one of a three year \$9 million Access to Quality Child Care Expansion grant (locally funded), which will increase the supply of infant and toddler slots by 1,000. Applicants from underserved areas are given higher priority during the award process.

[Technical assistance support.](#)

[Describe:](#)

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 Shared Services Business Alliance 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. All subsidized child care providers will be migrated to Capital Quality by Oct. 1, 2018 and will receive TA from their assigned quality facilitator to support provider needs.

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2).

Describe:

In an effort to improve child care quality, OSSE has a tiered reimbursement QRIS system for subsidy providers based on facility quality. Additionally, home providers participating in the Shared Services Business Alliance are able to receive the highest tiered reimbursement rate due to the quality supports associated with membership. Child care centers participating in OSSE's Pre-K Enhancement and Expansion grant and/or the Quality Improvement Network (QIN) also receive additional funding due to quality services.

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

Describe:

OSSE/DEL provides Community of Practice (CoP) meetings and weekly direct one-on-one consultation for all providers through Capital Quality. CoP meetings include professional development and engagement surrounding topics such as, staffing structure, staff professional development plan and the program administration scale. For participating home providers, OSSE's Shared Services Business Alliance 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.

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Children enrolled in the QIN and the Pre-K Enhancement classrooms have access

to mental health consultation via an intra-agency agreement with the Department of Behavioral Health. Each participating provider is assigned a mental health consultant to work with on a weekly basis. OSSE/DEL is looking to expand these services during the FFY2019-2021 CCDF State Plan period.

Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

b) Infants and toddlers. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

OSSE has established and Access to Quality Child Care Fund Expansion grant with locally appropriated funds to increase the availability of infant and toddler slots across the District of Columbia.

Family child care networks.

Describe:

OSSE established the Shared Services Business Alliance (the Alliance) for child development homes in FY17 and has enrolled 20 home providers as of June 2018, with a target of 35 to end FY 2018. The Alliance will establish a network for home providers to access for best practice information and technical assistance and utilize the economies of scale that result from shared business services.

Start-up funding.

Describe:

OSSE is currently administering year one of a three year \$9 million Access to Quality Child Care Expansion grant (local funding), which will increase the supply of infant and toddler slots by 1,000.

Technical assistance support.

Describe:

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. All subsidized child care providers will be migrated to Capital Quality by Oct. 1, 2018 and will receive technical assistance from their assigned quality facilitator.

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2) .

Describe:

Rates include an infant and toddler differential for all services and quality tiers. Infant and toddler rates increased in FY17, FY18 and will increase again in FY19.

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

Describe:

OSSE provides Community of Practice (CoP) meetings and weekly direct one-on-one consultation for all participating providers through Capital Quality. CoP meetings include professional development and engagement surrounding topics such as, staffing structure, staff professional development plan and the program administration scale.

Accreditation supports.

Describe:

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.

Mental Health Consultation.

Describe:

Children enrolled in the QIN and the Pre-K Enhancement classrooms have access to mental health consultation via an intra-agency agreement with the Department of Behavioral Health. Each participating provider is assigned a mental health consultant to work with on a weekly basis. OSSE is looking to expand these services during the FFY2019-2021 CCDF State Plan period.

Other.

Describe:

OSSE is building a partnership with community-based organizations that specifically address the needs of and assistance to families who are in transitional housing and/or are homeless.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

- Tiered payment rates (as discussed in 4.3.2).

Describe:

OSSE/DEL's tiered payment rates include Special Needs differential for infants and toddlers that acknowledges the significant costs to care for a child with special needs.

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

Describe:

- Accreditation supports.

Describe:

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

- Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

- Grants and contracts (as discussed in 4.1.3).

Describe:

- Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2) .

Describe:

OSSE/DEL's tiered payment rates include a non-traditional full-time and part-time differential for all age groups and service types.

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

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

The Lead Agency has contracted with a national organization to conduct an analysis of the supply and demand for non-traditional hour care. The report will be available by Sept. 2018 and will be used to inform our strategy for increasing the supply and quality of non-traditional care in the District.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2).

Describe:

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

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

N/A

4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

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

N/A

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

OSSE has set a goal of increasing by 1,000 the number of quality slots available for infant and toddler care across the District. 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 2017 the Bainum Foundation established a \$4.5 million Early Learning Quality Fund to ensure the development of 750 high quality infant and toddler slots in wards 7 and 8. Furthermore, the grantee for OSSE's Access to Quality Child Care Expansion grant, will 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.

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 providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

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 are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

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 all that apply and provide a citation to the licensing rule.

Center-based child care.

Describe and Provide the citation:

D.C. Code § 7-2036 provides 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 District of Columbia Municipal Regulations (DCMR) §§ 100 and 199. 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 two (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." The licensing requirements that govern center-based care set forth standards for the basic requirements for all licensees, specifically around supervisions, ratio and group size requirements (See 5-A DCMR §§ 118-121); the health and safety standards for the following: a child development facility's premise, including the supplies, equipment and environmental health (See 5-A DCMR §§ 122-126); the Administration and

Operation (See 5-A DCMR §§ 127-131); 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 (See 5-A DCMR §§ 132-139); the program activities that promote healthy development (See 5-A DCMR §§ 140-141); basic health standards that must be in place to protect children, no matter what type of facility they attend (See 5-A DCMR §§ 142-161). 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 twelve (12) children. 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 (See 5-A DCMR §§ 162-166).

Family child care.

Describe and Provide the citation:

In the District, family child care is care provided in a "child development home" or "expanded home." D.C. Code § 7-2036 provides OSSE with 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 are set forth in 5-A DCMR §§ 100 and 199. 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, specifically around supervisions, ratio and group size requirements (See 5-A DCMR §§ 118-121); the health and safety standards for the following: a child development facility's premise, including the supplies, equipment and environmental health (See 5-A DCMR §§ 122-126); the Administration and Operation (See 5-A DCMR §§ 127-131); 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 (See 5-A DCMR §§ 132-139); the program activities that promote healthy development (See 5-A DCMR §§ 140-141); basic health standards that must be in place to protect children, no matter what type of facility they attend (See 5-A DCMR §§ 142-161). 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 twelve (12) children. 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 six (6) children. Child Development Home also

includes those Facilities classified as "Expanded Child Development Homes". Expanded Child Development Home means a Child Development Home in which child care is provided by two (2) or more Caregivers for up to twelve (12) children. Child Development Homes must meet the all the requirements for all licensed child development facilities. In addition, licensed homes must meet additional requirements (See 5-A DCMR §§ 167-171).

In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3. 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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement. The annual visits are a way to ensure the health, safety, and development of children.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? 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

Center-based child care.

If checked, describe the exemptions.

Family child care.

If checked, describe the exemptions.

In-home care.

If checked, describe the exemptions.

DC Code § 7-2036 provides that OSSE enforce which established in 5-A DCMR § 101.5 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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

5.2 Health and Safety Standards and Requirements for CCDF Providers

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

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

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

Birth to 12 months

-- Ratio:

1:4

-- Group size:

8

-- Teacher/caregiver qualifications:

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 eighteen (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 twenty-four (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 one (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 forty-eight (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 fifteen (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 two (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.)

2. Toddler

-- How does the State/territory define toddler (age range):

12-36 months

-- Ratio:

12-24 months ratio of 1:4

24-30 months ratio of 1:4

30-36 months ratio of 1:8

-- Group size:

12-24 months group size of 8

24-30 months group size of 12

30-36 months group size of 16

-- **Teacher/caregiver qualifications:**

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. See response to 5.2.1a(1) for full description.

3. **Preschool**

-- **How does the State/territory define preschool (age range):**

36-60 months but younger than school-age

-- **Ratio:**

36-48 months ratio of 1:8

48-60 months ratio of 1:10

-- **Group size:**

36-48 months group size of 16

48-60 months group size of 20

-- **Teacher/caregiver qualifications:**

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. See response to 5.2.1a(1) for full description.

4. **School-age**

-- **How does the State/territory define school-age (age range):**

Between five years and 18 years of age on or before September 30 of the current school year

-- **Ratio:**

Under 6 years ratio of 1:12

6 years and older ratio of 1:15

-- Group size:

Under 6 years group size of 24

6 years and older group size of 30

-- Teacher/caregiver qualifications:

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 eighteen (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 forty-eight (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 six (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 one (1) year 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.

See *also* response to 5.2.1a(1) for full description.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

The District does not exempt any child care centers.

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

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

7. Describe the director 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 director qualifications in licensed centers, which are set forth in 5-A DCMR §§ 164.1 and 173.3.

5-A DCMR § 164.1 Center Director

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 fifteen (15) semester credit hours, or its recognized equivalent, in early childhood development, early childhood education, elementary education, or early special education and at least one (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 three (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 six (6) years of the effective date of this chapter; or
- (c) Have earned at least forty-eight (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 fifteen (15) semester credit hours, or its recognized equivalent, in early childhood education or early childhood development, and have at least four (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 six (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 three (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 eighteen (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 one (1) year of supervised occupational experience working with school age children under the age of fifteen (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 one (1) year of supervised occupational experience working with school age children under the age of fifteen (15) years in a duly authorized school or camp, a licensed Child Development Center, or the equivalent.)

[b\) Licensed CCDF family child care provider](#)

1. Infant

-- How does the State/territory define infant (age range):

Birth to 12 months

-- 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.

AGE OF CHILDREN ADULT-TO-CHILD RATIO MAXIMUM NUMBER OF CHILDREN ENROLLED

1 child under 2 years of age and 1-11 1:6 12

11 children over 2 years of age 12

2 children under 2 years of age and 1 to 4 1:6 6

children over 2 years of age

3 children under 2 years of age and 1 to 6 children 1:3 (but at least 2 Caregivers) 9
over 2 years of age

4 children under 2 years of age and 1 to 8 children 1:3 (but at least 2 Caregivers)
12

over 2 years of age

5 children under 2 years of age and 1 to 4 children 3 Caregivers 9

over 2 years of age

6 children under 2 years of age and 1 to 3 children 3 Caregivers 9

over 2 years of age

-- Group size:

A Child Development Home may be licensed to provide care for up to six (6) children so the maximum group size is 6. The total number of six (6) children in the care of a Child Development Home shall not include those of the caregiver who are

six (6) years or older; provided, that the total number of children of the caregiver between the ages of six (6) and fifteen (15) years shall not exceed three (3), and of those three (3) children, no more than two (2) shall be age ten (10) years or younger. The restrictions on the number of children that may be cared for in a child development home shall also include care given to a child by a caregiver related to the child.

An 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 two (2) children who are non-ambulatory or under two (2) years of age, provided that the number of such children does not exceed the following: (a) Four (4) children, if there are two (2) or more Caregivers present; or (b) Six (6) children, if there are three (3) or more Caregivers present. See [5-A DCMR § 121.3\(c\)](#).

-- [Teacher/caregiver qualifications](#):

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 eighteen (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, 2019;
- (b) Attend at least four (4) child development-related training courses, approved by the District of Columbia Government, per year, for a total of at least twelve (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 eighteen (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 one (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 one (1) year of supervised occupational experience in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director or Teacher.

2. Toddler

-- How does the State/territory define toddler (age range):

12-36 months

-- Ratio:

The ratio requirements depend on the number of children in care and the ages of those children. See [5-A DCMR § 121.3\(c\)](#).

-- Group size:

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

An 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 two (2) children who are non-ambulatory or under two (2) years of age, provided that the number of such

children does not exceed the following: (a) Four (4) children, if there are two (2) or more Caregivers present; or (b) Six (6) children, if there are three (3) or more Caregivers present. See [5-A DCMR § 121.3\(c\)](#).

-- [Teacher/caregiver qualifications:](#)

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. See 5.2.1b(1) for full description.

3. [Preschool](#)

-- [How does the State/territory define preschool \(age range\):](#)

36-60 months

-- [Ratio:](#)

The ratio requirements depend on the number of children in care and the ages of those children. See [5-A DCMR § 121.3\(c\)](#).

-- [Group size:](#)

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

An 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 two (2) children who are non-ambulatory or under two (2) years of age, provided that the number of such children does not exceed the following: (a) Four (4) children, if there are two (2) or

more Caregivers present; or (b) Six (6) children, if there are three (3) or more Caregivers present. See [5-A DCMR § 121.3\(c\)](#).

-- [Teacher/caregiver qualifications:](#)

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. See 5.2.1b(1) for full description.

4. [School-age](#)

-- [How does the State/territory define school-age \(age range\):](#)

Between five years and 18 years of age on or before September 30 of the current school year

-- [Ratio:](#)

The ratio requirements depend on the number of children in care and the ages of those children. See [5-A DCMR § 121.3\(c\)](#).

-- [Group size:](#)

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

An 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 two (2) children who are non-ambulatory or under two (2) years of age, provided that the number of such children does not exceed the following: (a) Four (4) children, if there are two (2) or

more Caregivers present; or (b) Six (6) children, if there are three (3) or more Caregivers present. See [5-A DCMR § 121.3\(c\)](#).

-- [Teacher/caregiver qualifications:](#)

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. See 5.2.1b(1) for full description.

[5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes](#)

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\) In-home CCDF providers:](#)

[1. Describe the ratios](#)

In-home CCDF providers can care for up to five children, with no more than 2 preschool age children of their own.

[2. Describe the group size](#)

In-home CCDF providers can care for up to five children.

[3. Describe the maximum number of children that are allowed in the home at any one time.](#)

In-home CCDF providers can care for up to five children. However, a provider can also supervise school age children in the home during after school hours, with the assistance of at least one other adult.

[4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size](#)

OSSE requires related children to be included in the in-home CCDF providers group size, with no more than 5 children in care of the in-home CCDF provider.

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

The in-home CCDF provider may exceed the group size of 5 due to additional school age children, during after-school hours, with the assistance of another adult in the home.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

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

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

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

To ensure the prevention and control of infectious diseases, including immunizations, 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 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 one (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 District of Columbia 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 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.

Finally, section 139 requires that all staff members who provide direct care for children must complete critical health and safety training 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.

-- List all citations for these requirements, including those for licensed and license-exempt programs

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 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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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 twelve (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 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, 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 relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Specifically regarding this requirement, relative providers must comply with annual health certifications. Additionally, children cared for by relatives are exempted from immunizations if there are no other unrelated children who are cared for in the same setting.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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 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 three (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.

Training: Finally, 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.

-- [List all citations for these requirements, including those for 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 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 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.

-- [Describe any variations by category of care \(i.e., center, FCC, in-home\) and licensing status \(i.e., licensed, license-exempt\).](#)

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 twenty-four (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. 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any 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.

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with

anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

To ensure the proper administration of medication, consistent with standards for parental consent, OSSE has set forth the following various 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.

Finally, 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.

-- List all citations for these requirements, including those for 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 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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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. 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any variations based on the age of the children in care

School-age children: a child seven (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.

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

To ensure the prevention and response to emergencies due to food and allergic reactions, OSSE has set forth the following various 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 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.

Training: Finally, 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.

-- List all citations for these requirements, including those for 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 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 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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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. 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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;

Finally, 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.

-- [List all citations for these requirements, including those for 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.

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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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. 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and

safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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 shaken baby syndrome raining in alk after a certathat may spread infectious disease): 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, kneeing, poking, or plucking. 5-A DCMR § 141.

Finally, 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.

-- List all citations for these requirements, including those for 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 of shaken baby syndrome, abusive head trauma, and child maltreatment, which is mainly established in 5-A DCMR §§ 139 and 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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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. 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any 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.

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and

practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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 FEMS. 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 five (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.

To support licensees in meeting the CCDBG and OSSE licensing requirements for emergency preparedness and response planning for emergencies, OSSE contracted with Strategic Educational Consulting to conduct five training sessions. 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.

Finally, 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.

-- List all citations for these requirements, including those for 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 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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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. 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid

and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any 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.

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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.

Finally, 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.

-- List all citations for these requirements, including those for 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 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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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. 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure

and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

To ensure the appropriate precautions in transporting children, if applicable, OSSE has set forth the following various 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.

Finally, 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.

-- List all citations for these requirements, including those for 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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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. 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any 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.

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

To ensure first aid and CPR safeguards are in place, OSSE has set forth the following various 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 (2) 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.

Finally, 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.

-- List all citations for these requirements, including those for 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 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 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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Variations by category of care: A child development home, serving no more than six (6) children with no more than two being under the age of two, is required to have one, not two (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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid

and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any 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.

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

To ensure compliance with procedures for reporting child abuse and neglect, OSSE has set forth the following various requirements in the District's licensing regulations.

Section 150 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 nows 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 September 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 the Child and Family Services Agency (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. Further 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 Unusual Incident Report form to OSSE's Child Care Complaint email address.

Finally, 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.

-- [List all citations for these requirements, including those for 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 § 128 and 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 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.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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. 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A

DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement. Although, a relative care provider is not a "persons required to report such abuse or neglect" pursuant to D.C. Code § 4-1321.02, OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training on reporting child abuse and neglect.

b) Does the Lead Agency include any of the following optional standards?

No, if no, skip to 5.2.3.

Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A Licensee shall ensure that planned daily menus are posted, and the foods that are actually served by the Facility, are varied, suitable to the ages and developmental levels of the children, served by a certified food protection manager and consistent with the meal pattern requirements and nutrition standards specified by the Child and Adult Care Food Program. A Licensee shall also ensure compliance with all other applicable District and federal regulations.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning nutrition which is established

in sections 5A-155 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §155). 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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

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 § 7-2033, including relative 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. In home and relative providers are also required to

maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A licensed Child Development Facility ("Licensee") serving children in a full-day program shall ensure that each child, including infants, toddlers, and preschoolers, has a minimum of two (2) hours of active playtime each day, including a minimum of forty-five (45) minutes of outdoor activity, weather permitting, one (1) hour of structured active play and guided physical activity, and one (1) hour of childinitiated unstructured physical activity. During outdoor play, children shall be dressed appropriately for weather and temperature.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerningaccess to physical activity which is established in section 5A-143 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §143). 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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Notwithstanding 5-A DCMR § 137.1 and 167.10 which requires proof that the in-home caregiver was free of tuberculosis and other communicable diseases (and everyone else living in the home), and is physically capable of caring for children, annually in-home care providers are exempt from the child development facility licensing requirements.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A Licensee shall make reasonable efforts to determine if any child under its care is a child with a disability, as defined by the Individuals with Disabilities Education Act, (Pub.L 101-476; 20 U.S.C. §§ 1400 et seq.), with an Individual Family Service Plan (IFSP), and be aware of any obligations that the Licensee may have pursuant to the IFSP. If a Licensee 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 at all times during the student's enrollment at the facility

-- List all citations for these requirements, including those for licensed and license-exempt providers

DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning optional health and safety requirements which is established in section 5A-159 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §159). 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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

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

Describe:

Title 5A Chapter 1 section 157, Requirements for Child Development Facility During Swimming and Water play

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A Licensee shall maintain constant and active supervision when any child is in or around water. Before an enrolled child may be permitted to swim or otherwise participate in any activity taking place in water one (1) or more feet in depth, the Licensee shall obtain written permission from the child's parent(s) or guardian(s), ensure that children are swimming or playing in water are supervised by at least one (1) adult, who is currently certified as a Lifeguard or Water Safety Instructor by the American Red Cross or by an equivalent water safety instruction and testing program, for every six (6) children, and ensure when children are swimming or playing in water, including baby pools, wading pools, and full-depth pools, the Licensee shall maintain the required adult-to-child ratios.

-- List all citations for these requirements, including those for licensed and license-exempt providers

DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning water safety requirements which is established in section 5A-157 and 160 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §157 and 160). 5A-155 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §155). 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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

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

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

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

1. Licensed child care centers:

A minimum number of hours are not required, however, within thirty (30) calendar days of date of hire, each staff member shall receive pre-service training in the health and safety standards of licensed Child Development Facilities in the District of Columbia that, at a minimum, shall include:

- (a) Child abuse and neglect, prevention, detection and reporting;
- (b) Emergency preparation and response planning for emergencies resulting from a natural disaster or a human-caused event;
- (c) Prevention of sudden infant death syndrome and use of safe sleep practices, as applicable;
- (d) Prevention of shaken baby syndrome and abusive head trauma, as applicable; and
- (e) First aid and CPR.

Within ninety (90) calendar days of date of hire, each staff member shall receive orientation training in the additional health and safety standards of licensed Child Development Facilities in the District of Columbia that, at a minimum, shall include:

- (a) Developmentally appropriate programming for infants, toddlers, preschool, and/or school-age children, as applicable;
- (b) Prevention and control of infectious diseases, including immunization;
- (c) Administration of medication, consistent with standards for parental or guardian consent;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) 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; and
- (f) Poison prevention, including the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

The following critical health and safety training must be completed before staff members are allowed to care for children unsupervised:

- (a) Prevention of sudden infant death syndrome and use of safe sleep practices, as applicable;
- (b) Prevention of shaken baby syndrome and abusive head trauma, as applicable;
- (c) First aid and CPR;
- (d) Poison prevention, including the handling and storage of hazardous materials and the appropriate disposal of bio contaminants; and
- (e) Prevention and control of infectious diseases, including immunization

2. Licensed FCC homes:

A minimum number of hours are not required, however, within thirty (30) calendar days of date of hire, each staff member shall receive pre-service training in the health and safety standards of licensed Child Development Facilities in the District of Columbia that, at a minimum, shall include:

- (a) Child abuse and neglect, prevention, detection and reporting;
- (b) Emergency preparation and response planning for emergencies resulting from a natural disaster or a human-caused event;
- (c) Prevention of sudden infant death syndrome and use of safe sleep practices, as applicable;
- (d) Prevention of shaken baby syndrome and abusive head trauma, as applicable; and
- (e) First aid and CPR.

Within ninety (90) calendar days of date of hire, each staff member shall receive

orientation training in the additional health and safety standards of licensed Child Development Facilities in the District of Columbia that, at a minimum, shall include:

- (a) Developmentally appropriate programming for infants, toddlers, preschool, and/or school-age children, as applicable;
- (b) Prevention and control of infectious diseases, including immunization;
- (c) Administration of medication, consistent with standards for parental or guardian consent;
- (d) Prevention of and response to emergencies due to food and allergic reactions;
- (e) 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; and
- (f) Poison prevention, including the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

The following critical health and safety training must be completed before staff members are allowed to care for children unsupervised:

- (a) Prevention of sudden infant death syndrome and use of safe sleep practices, as applicable;
- (b) Prevention of shaken baby syndrome and abusive head trauma, as applicable;
- (c) First aid and CPR;
- (d) Poison prevention, including the handling and storage of hazardous materials and the appropriate disposal of bio contaminants; and
- (e) Prevention and control of infectious diseases, including immunization

3. In-home care:

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

4. Variations for exempt provider settings:

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

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

DC Code § 7-2036 provides that OSSE enforce and establish the minimum standards of operation for a child development facility concerning pre service and orientation training requirements which is established in section 139.2. Trainings must be completed within thirty (30) calendar days of date of hire, each staff member shall receive pre-service training in the health and safety standards.

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

There is no difference in pre-service training or orientation training requirements based

on the ages of the children.

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

Training is offered via web-based online and in person in various locations throughout the District of Columbia.

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

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

Provide the citation for this training requirement, 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 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,, 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 and relative 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability

determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement. Although, a relative care provider is not a "persons required to report such abuse or neglect" pursuant to D.C. Code § 4-1321.02, OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training on reporting child abuse and neglect.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, 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 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,, 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 and relative 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement. Although, a relative care provider is not a "persons required to report such abuse or neglect" pursuant to D.C. Code § 4-1321.02, OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training on reporting child abuse and neglect.

5.2.3e 3. Administration of medication, consistent with standards for parental consent
Provide the citation for this training requirement, 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 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the

relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

[5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions](#)
[Provide the citation for this training requirement, 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 which requires 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, 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 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

- Yes
- No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- Yes
- No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all

required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

[Provide the citation for this training requirement, 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 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to

share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, 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 which 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from

licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

[Provide the citation for this training requirement, 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 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 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, 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 fire standards, complete all required

CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, 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 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

[Describe if relatives are exempt from this requirement](#)

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

[5.2.3e 10. Pediatric first aid and CPR certification](#)

[Provide the citation for this training requirement, 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 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.

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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Similarly, although, a relative care provider is not a "persons required to report such abuse or neglect" pursuant to D.C. Code § 4-1321.02, OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training on reporting child abuse and neglect.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, 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 §139.1 which requires 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.

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, 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 fire standards, complete all required CCDF health and safety trainings, criminal background checks/suitability determination, and maintain first aid and CPR certifications.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Pursuant to D.C. Code § 7-2033, relative care providers are exempt from licensure and therefore exempt from the child development facility licensing requirements in 5-A DCMR 100 et seq. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Further, through the provider agreement, license exempt relative providers are still required to comply with annual health certifications, along with anyone else living in the home or children in care, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Annual unannounced visits to relative and in-home providers are conducted by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

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. Specifically, professional development that updates the employee's knowledge updates beyond the health and safety standards may include:

- (a) Developmentally appropriate programming for infants, toddlers, preschool, and/or school-age children, as applicable;
- (b) Developmentally appropriate methods of positive behavior intervention and support;
- (c) Inclusion of children with special needs, including the Americans with Disabilities Act and the Individuals with Disabilities Education Act; and
- (d) Communication and collaboration with parents, guardians, and families;
- (e) Community health and social services resources for children and families;
- (f) Planning developmentally appropriate programs and activities for children and families;
- (g) Enhancing self-regulation and self-esteem in children;
- (h) Montessori curriculum, pedagogy, classroom management and other topics specific to the Montessori program, if applicable
- (i) Basic or advanced business practices; and
- (j) Any other area as determined by OSSE.

[Provide the citation for this training requirement, 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 §139.8 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 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, 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 fire standards, complete all required CCDF health and safety trainings, criminal background checks/suitability determination, and maintain first aid and CPR certifications.

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

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to

ensure compliance with the Child Care Subsidy Agreement.

Ongoing Training Requirements

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

a) Licensed child care centers:

21

b) Licensed FCC homes:

Home Caregivers 12

Expanded Home Caregivers 15

c) In-home care:

10

d) Variations for exempt provider settings:

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 § 7-2033, including relative 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. In home and relative providers are also required to maintain annual health examinations for themselves, anyone else that lives in the house and the children in their care. Annual unannounced visits are conducted by Education Service Monitors to ensure compliance with the Child Care Subsidy Agreement.

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

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

-- Provide the citation for this training requirement, 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 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,, 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 and relative 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

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

-- Provide the citation for this training requirement, 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 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.

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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health

and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

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

-- Provide the citation for this training requirement, 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 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

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

-- Provide the citation for this training requirement, 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 which requires 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

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

-- Provide the citation for this training requirement, 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 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
-- Provide the citation for this training requirement, 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 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

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

-- Provide the citation for this training requirement, 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 which 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

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

-- Provide the citation for this training requirement, 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 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 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, 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 fire standards, complete all required CCDF health and safety

training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, 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 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 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,

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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, 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 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.

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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

CPR/First aid is typically a two-year certification. All staff must maintain current certification but it does not require annual training.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

CPR/First aid is typically a two-year certification. All in-home providers must maintain current certification but it does not require annual training.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, 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 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, 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 fire standards, complete all required CCDF health and safety training, criminal background checks/suitability determination, and maintain first aid and CPR certifications. Relative providers are exempt from all required CCDF health and safety trainings but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption. Similarly, although, a relative care provider is not a "persons required to report such abuse or neglect" pursuant to D.C. Code § 4-1321.02, OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training on reporting child abuse and neglect.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

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

Provide the citation for this training requirement, 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 §139.1 which requires 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.

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, 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 fire standards, complete all required CCDF health and safety trainings, criminal background checks/suitability determination, and maintain first aid and CPR certifications.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Neither license exempt in-home providers nor relative providers are not required to comply with this professional development requirement but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption.

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

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.

Specifically, professional development that updates the employee's knowledge updates beyond the health and safety standards may include:

- (a) Developmentally appropriate programming for infants, toddlers, preschool, and/or school-age children, as applicable;
- (b) Developmentally appropriate methods of positive behavior intervention and support;
- (c) Inclusion of children with special needs, including the Americans with Disabilities Act and the Individuals with Disabilities Education Act; and
- (d) Communication and collaboration with parents, guardians, and families;
- (e) Community health and social services resources for children and families;
- (f) Planning developmentally appropriate programs and activities for children and families;
- (g) Enhancing self-regulation and self-esteem in children;
- (h) Montessori curriculum, pedagogy, classroom management and other topics specific

to the Montessori program, if applicable

- (i) Basic or advanced business practices; and
- (j) Any other area as determined by OSSE.

[Provide the citation for other 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 §139.8 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 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, 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 fire standards, complete all required CCDF health and safety trainings, criminal background checks/suitability determination, and maintain first aid and CPR certifications.

[How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?](#)

- Annually
- Other

[Describe:](#)

[How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?](#)

Annually

Other

Describe:

Niether license exempt in-home providers nor relative providers are not required to comply with this professional development requirement but OSSE is able to share resources with parents about health and safety trainings should the parent wish for the relative to obtain training regardless of the exemption

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

Providers are subject to annual licensing and monitoring inspections that include inspection of the facility, materials, policies, staff records and children's records. These inspections are completed to monitor and ensure compliance with all federal, state and local laws and regulations. In 2016, the District's child development facility licensing regulations were updated to align and comply with the reauthorized CCDBG.

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one

pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

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.

In addition to the required documentation listed on the application form issued by OSSE, each applicant shall obtain, and provide OSSE with the original version of the following:

- A Certificate of Occupancy, Home Occupation Permit, or other succeeding form of equivalent proof that the premise(s) comply with all applicable Federal and District of Columbia building, fire-safety, construction, and zoning laws, regulations and codes and that the premise(s) are fit and suitable for the operation of a Child Development Facility, issued by the District of Columbia Department of Consumer and Regulatory Affairs ("DCRA");
- A fire safety inspection certification or other equivalent proof that the premise(s) comply with all applicable Federal and District of Columbia fire safety laws, regulations and codes, issued by the District of Columbia Department of Fire and Emergency Medical Services ("FEMS") not more than ninety (90) days old;
- A certification or clearance report issued by a D.C. Department of Energy and

- Environment ("DOEE") certified lead-based paint inspector, risk assessor, or dust sampling technician confirming that the Facility does not contain any lead-based paint hazards, issued no more than thirty (30) days prior to the date of application;
- Proof of insurance, that includes a reasonable coverage amount, as determined by the District of Columbia Office of Risk Management, for the following types of coverage: Commercial General Liability; Umbrella "Follow Form" Liability; Sexual Abuse & Molestation Liability; and Vehicle liability covering every vehicle that will be used to provide transportation services to children at the Facility
 - Documentation of completion of Criminal Background Checks and Child Protection Register Checks for staff members
 - Caregiver Qualifications (if hired by time of application)
 - Review of whether applicant (and staff as applicable) has completed required CCDF health and safety training, specifically the pre-service training in the health and safety standards in 5A DCMR 139.2. Applicant then can complete within orientation training in the additional health and safety standards in 5A DCMR 139.3, within 90 days of initial application.

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 Statement of Deficiency(ies). 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.

[2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers](#)

Each Licensee shall receive, at minimum, one (1) annual announced monitoring visit and one (1) 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.

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

Upon its own initiative, or upon receipt of information alleging violation(s) of any law or regulation under its jurisdiction, OSSE may conduct announced or unannounced inspections.

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Every licensed child care provider will receive one (1) annual announced monitoring visit and one (1) annual unannounced inspection to determine compliance with the Facilities Act, or other applicable Federal and District of Columbia laws and regulations. Providers receive at least one announced monitoring visit and one unannounced visit each year. Additional visits may happen at any time. During the monitoring visit, a licensing specialist monitors 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 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 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 this chapter

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.

5. 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 is established in section 5A DCMR §111.

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

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.

In addition to the required documentation listed on the application form issued by OSSE, each applicant shall obtain, and provide OSSE with the original version of the following:

- A Certificate of Occupancy, Home Occupation Permit, or other succeeding form of equivalent proof that the premise(s) comply with all applicable Federal and District

of Columbia building, fire-safety, construction, and zoning laws, regulations and codes and that the premise(s) are fit and suitable for the operation of a Child Development Facility, issued by the District of Columbia Department of Consumer and Regulatory Affairs ("DCRA");

- A fire safety inspection certification or other equivalent proof that the premise(s) comply with all applicable Federal and District of Columbia fire safety laws, regulations and codes, issued by the District of Columbia Department of Fire and Emergency Medical Services ("FEMS") not more than ninety (90) days old;
- A certification or clearance report issued by a D.C. Department of Energy and Environment ("DOEE") certified lead-based paint inspector, risk assessor, or dust sampling technician confirming that the Facility does not contain any lead-based paint hazards, issued no more than thirty (30) days prior to the date of application;
- Proof of insurance, that includes a reasonable coverage amount, as determined by the District of Columbia Office of Risk Management, for the following types of coverage: Commercial General Liability; Umbrella "Follow Form" Liability; Sexual Abuse & Molestation Liability; and Vehicle liability covering every vehicle that will be used to provide transportation services to children at the Facility
- Documentation of completion of Criminal Background Checks and Child Protection Register Checks for staff members
- Caregiver Qualifications (if hired by time of application)
- Review of whether applicant (and staff as applicable) has completed required CCDF health and safety training, specifically the pre-service training in the health and safety standards in 5A DCMR 139.2. Applicant then can complete within orientation training in the additional health and safety standards in 5A DCMR 139.3, within 90 days of initial application.

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 Statement of Deficiency(ies).

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.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

Each Licensee shall receive, at minimum, one (1) 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.

3. Identify the frequency of unannounced inspections:

- Once a year
- More than once a year

Describe:

Upon its own initiative, or upon receipt of information alleging violation(s) of any law or regulation under its jurisdiction, OSSE may conduct announced or unannounced inspections.

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

Every licensed child care provider will receive one (1) annual announced monitoring visit to determine compliance with the Facilities Act, or other applicable Federal and District of Columbia laws and regulations. Providers receive at least one announced monitoring visit and one unannounced inspection each year. Additional visits may happen at any time. During the monitoring visit, a licensing specialist monitors 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 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 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 this chapter 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.

5. 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.

c) Licensed in-home CCDF child care

N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Office of the State Superintendent of Education, Division of Early Learning, Licensing and Compliance Unit.

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

N/A

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

N/A

Provide the citation(s) for this policy or procedure

N/A

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

In-home and relative care providers receive unannounced monitoring site visits annually by the assigned Education Services Monitor. Monitoring is done for 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.

Provide the citation(s) for this policy or procedure

Pursuant to D.C. Code §4-411, in-home and relative 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 visits by OSSE DEL Education Service Monitors to ensure compliance with the provider agreement.

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

No

Yes. If yes,

describe:

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

The Office of the State Superintendent of Education, Division of Early, Operations and

Management Unit is the entity responsible for conducting inspections of license-exempt CCDF providers.

5.3.4 Licensing inspectors.

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 and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

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. Staff are required to complete the professional development plan by close of business September 30th of each year. The plan includes all health and safety trainings as well as required trainings on monitoring, inspections and regulatory enforcement topics.

b) 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. There is no specific citation for this policy.

5.3.5 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 1:60. 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.

b) Provide the policy citation and state/territory ratio of licensing inspectors

N/A

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

To ensure the health and safety of children in relative care, In Home and Relative care providers receive one annual unannounced monitoring visit. Additionally, In Home and Relative Care providers are required to: complete all required health and safety trainings, complete in-state criminal background checks and criminal background check/child protection registry suitability determination, submit annual health certificates and maintain first aid and CPR certifications. These measures help ensure the health and safety of children.

While In home and Relative care providers receive one annual monitoring visit, they are not required to complete the full licensing inspection, and the annual monitoring visit may exclude items such as review of nutrition information or review of policies and procedures.

No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care 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 FCC 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)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-	Nation	Inter-
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	State	al	State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository	Milestone/Prerequisite	Possible Time Limited

check in the current state of residency	for Waiver	Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) Sections 132, 133, 134 and 135 each licensed child development center, home and expanded home shall submit a request for in-state criminal background checks of current and prospective staff members to OSSE prior to the date an individual becomes a staff member of the provider (for prospective staff), and not less than once during each three (3) year period for any currently employed staff member. In-state criminal background checks are required for all current and prospective staff in all child development centers, homes expanded homes and volunteers. In-state criminal background checks are done through a 3rd party vendor of the Metropolitan Police Department (MPD) record repository.

A prospective or current staff member may be ineligible for employment with a Facility, if OSSE determines that such individual poses a present danger to children or youth or if an individual's prior conviction for crimes impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children. The procedures for obtaining an In-state 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the employee and the licensed child development facility.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Through the Child Care Provider Subsidy Contract, license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete all in-state criminal background checks required by the CCDF. Additionally, individuals 18 years and older who are living in the home (of the license-exempt CCDF eligible provider) and who are not the parent(s) of the child or children in care are required to complete all in-state criminal background checks required by the CCDF. There is no specific regulatory citation for this section as the District enforces this requirement through a contract with the caregivers.

In-home and relative care providers are the only license-exempt CCDF eligible providers in the District, however they are not exempt from in-state criminal background checks. These license-exempt CCDF eligible providers follow the same procedures for in-state criminal background checks. 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the license-exempt CCDF eligible provider.

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There is no difference in the process for existing and new staff: In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) each Licensee shall comply with the requirements set forth in Sections 132, 133 and 135 for suitability for Employment - Criminal Background Checks.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) section 132, 133, 134, and 135 each licensed child development

center, child development home and expanded home shall submit a request for an in-state sex offender registry check for current and prospective staff members to OSSE prior to the date an individual becomes a staff member of the provider, and not less than once during each three (3) year period for any currently employed staff member.

A prospective or current staff member may be ineligible for employment with a Facility, if OSSE determines that such individual poses a present danger to children or youth or if an individual's prior conviction for crimes (sex offense(s)) impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children. In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) Sections 132, 133, 134 and 135 each licensed child development center, home and expanded home shall submit a request for in-state sex offender registry check of current and prospective staff members to OSSE prior to the date an individual becomes a staff member of the provider, and not less than once during each three (3) year period for any currently employed staff member. In-state sex offender registry checks are required for all current and prospective staff in all child development centers, homes expanded homes and volunteers. In-state sex offender registry checks are done through a 3rd party vendor of the Metropolitan Police Department (MPD) record repository.

A prospective or current staff member may be ineligible for employment with a Facility, if OSSE determines that such individual poses a present danger to children or youth or if an individual's prior conviction for crimes impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children. The procedures for obtaining an in-state sex offender registry 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the employee and the licensed child development facility.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete all criminal background checks required by CCDF including an in-state sex offender registry check. Additionally, individuals 18 years and older who are living in the home and who are not the parent(s) of the child or children in care are required to complete all in-state sex offender registry checks required by CCDF. There is no specific regulatory citation for this section as the District enforces this requirement through a contract with the caregivers.

In home and relative care providers are the only license-exempt CCDF eligible providers in the District, however they are not exempt from in-state sex offender registry checks. These license-exempt CCDF eligible providers follow the same procedures for in-state sex offender registry checks. 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the license-exempt CCDF eligible provider.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There is no difference in the process for existing and new staff: In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) each Licensee shall comply with the requirements set forth in Sections 132, 133 and 135 for suitability for Employment - In State Sex Offender Registry.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) section 132, 133, 134, and 135 each licensed child development center, child development home and expended home shall submit a request for an in-state child abuse and neglect registry check for current and prospective staff members to OSSE prior to the date an individual becomes a staff member of the provider, and not less than once during each three (3) year period for any currently employed staff member.

A prospective or current staff member may be ineligible for employment with a Facility, if

OSSE determines that such individual poses a present danger to children or youth or if an individual's prior conviction for crimes impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children. The procedures for obtaining an in-state child abuse and neglect registry check include the following: the staff member must submit the completed Child and Family Services Administration (CFSA) form to the licensed provider. CFSA conducts the in-state registry check and sends the results directly to the provider or the employee. The licensed provider will then submits the results to OSSE and OSSE will then send the suitability determination letter to the employee and the child development facility.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete all criminal background checks required by CCDF, including an in-state child abuse and neglect registry check. Additionally, individuals 18 years and older who are living in the home and who are not the parent(s) of the child or children in care are required to complete all in-state child abuse and neglect registry checks required by CCDF. There is no specific regulatory citation for this section as the District enforces this requirement through a contract with the caregivers.

In home and relative care providers are the only license-exempt CCDF eligible providers in the District, however they are not exempt from in-state child abuse and neglect registry checks. The procedures for obtaining an in-state child abuse and neglect registry check include the following: 1) the staff member must submit the completed Child and Family Services Administration (CFSA) form to the licensed provider; 2) the provider submits the form to CFSA; 3) CFSA send the results to the provider or the employee; 4) the provider submits the final results (received from CFSA) directly to OSSE; and 5) OSSE sends the suitability determination letter to the license-exempt CCDF eligible provider.

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There is no difference in the process for existing and new staff: In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) each Licensee shall comply with the requirements set forth in Sections 132, 133 and 135 for suitability for Employment - In State Child Abuse and Neglect registry.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) section 132, 133, 134, and 135 each licensed child development center, child development home and expended home shall submit a request for a national FBI fingerprint check for current and prospective staff members to OSSE prior to the date an individual becomes a staff member of the provider, and not less than once during each three (3) year period for any currently employed staff member.

A prospective or current staff member may be ineligible for employment with a Facility, if OSSE determines that such individual poses a present danger to children or youth or if an individual's prior conviction for crimes impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children.

The procedures for obtaining a national FBI fingerprint check are below.

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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the employee and the licensed child development facility.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete a national FBI

fingerprint check. Additionally, individuals 18 years and older who are living in the home and who are not the parent(s) of the child or children in care are required to complete a national FBI fingerprint check as required by CCDF. There is no specific regulatory citation for this section as the District enforces this requirement through a contract with the caregivers.

In home and relative care providers are the only license-exempt CCDF eligible providers in the District, however they are not exempt from a national FBI fingerprint checks. These license-exempt CCDF eligible providers follow the same procedures for a national FBI fingerprint check. 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the license-exempt CCDF eligible provider.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There is no difference in the process for existing and new staff: In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) each Licensee shall comply with the requirements set forth in Sections 132, 133 and 135 for suitability for Employment - FBI criminal fingerprint check.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other

programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) section 132, 133, 134, and 135 each licensed child development center, child development home and expended home shall submit a request for a National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current and prospective staff members to OSSE prior to the date an individual becomes a staff member of the provider, and not less than once during each three (3) year period for any currently employed staff member.

A prospective or current staff member may be ineligible for employment with a Facility, if OSSE determines that such individual poses a present danger to children or youth

or if an individual's prior conviction for crimes impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children. The procedures for obtaining a National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the employee and the licensed child development facility.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care provider) are required to complete all criminal background checks required by CCDF including the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check. Additionally, anyone 18 years and older, and who is living in the home and who are not the parent(s) are required to the NCIC/NSOR checks. There is no specific regulatory citation for this section as the District enforces this requirement through a contract with the caregivers.

In home and relative care providers are the only license-exempt CCDF eligible providers in the District, however they are not exempt from a NCIC/NSOR checks. These license-exempt CCDF eligible providers follow the same procedures for NCIC/NSOR checks. 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the license-exempt CCDF eligible provider.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There is no difference in the process for existing and new staff: In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) each Licensee shall comply with the requirements set forth in Sections 132, 133 and 135 for suitability for Employment - National Crime Information Center National Sex Offender Registry.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible

providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

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 (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) section 132, 133, 134, and 135 each licensed child development center, child development home and expended home shall submit a

request for an inter-state criminal registry or repository check for current and prospective staff members to OSSE prior to the date an individual becomes a staff member of the provider, and not less than once during each three (3) year period for any currently employed staff member.

A prospective or current staff member may be ineligible for employment with a Facility, if OSSE determines that such individual poses a present danger to children or youth or if an individual's prior conviction for crimes impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children. In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) Sections 132, 133, 134 and 135 each licensed child development center, home and expanded home shall submit a request for inter-state criminal registry or repository checks of current and prospective staff members to OSSE prior to the date an individual becomes a staff member of the provider, and not less than once during each three (3) year period for any currently employed staff member. Inter-state criminal registry or repository checks are required for all current and prospective staff in all child development centers, homes expanded homes and volunteers.

A prospective or current staff member may be ineligible for employment with a Facility, if OSSE determines that such individual poses a present danger to children or youth or if an individual's prior conviction for crimes impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children. The procedures for obtaining an inter-state criminal registry or repository 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the employee and the licensed child development facility.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care provider) are required to complete inter-state criminal registry or repository checks. Additionally, anyone 18 years and older, and who is living in the home and who are not the parent(s) are required to complete the interstate criminal registry checks. There is no specific regulatory citation for this section as the District enforces this requirement through a contract with the caregivers.

Only in home and relative care providers are license-exempt CCDF eligible providers in the District, however they are not exempt from an inter-state criminal registry checks. These license-exempt CCDF eligible providers follow the same procedures for the interstate criminal registry checks. 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the license-exempt CCDF eligible provider.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There is no difference in the process for existing and new staff: In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) each Licensee shall comply with the requirements set forth in Sections 132, 133 and 135 for suitability for Employment - interstate criminal registry or repository check.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

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) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Per DCMR 5-A Chapter One sections 132, 133, 134 and 135 the suitability of a current or prospective staff member of a Licensee shall be assessed through completion of Criminal background check that includes an interstate sex offender registry check, a Federal Bureau of Investigation fingerprint check using Next Generation Identification, a search of the National Crime Information Center's National Sex Offender Registry and a search of the following registry/repository National Sex Offender Public Website (NSOPW - <https://www.nsopw.gov/?AspxAutoDetectCookieSupport=1>) where the child care staff member resides and each State where such staff member resided during the preceding five years. Additionally, the vendor conducts simultaneously name checks against the sex offender registry database for each state.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Through the Child Care Provider Subsidy Contract, license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete all in-state criminal background checks required by the CCDF, including an interstate sex offender registry/repository check, a Federal Bureau of Investigation fingerprint, a search of the National Crime Information Center's National Sex Offender Registry and a search of the following registry/repository National Sex Offender Public Website (NSOPW - <https://www.nsopw.gov/?AspxAutoDetectCookieSupport=1>). Additionally, individuals 18 years and older who are living in the home (of the license-exempt CCDF eligible provider) and who are not the parent(s) of the child or children in care are required to complete all in-state criminal background checks required by the CCDF. There is no specific regulatory citation for this section as the District enforces this requirement through a contract with the caregivers.

In-home and relative care providers are the only license-exempt CCDF eligible providers in the District, however they are not exempt from in-state criminal background checks. These license-exempt CCDF eligible providers follow the same procedures for interstate sex offender registry/repository checks. 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 for suitability determination process and the final results are sent to OSSE. OSSE then sends the suitability determination letter to the license-exempt CCDF eligible provider.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There is no difference in the process for existing and new staff: In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) each Licensee shall comply with the requirements set forth in Sections 132, 133 and 135 for

suitability for Employment - interstate sex offender registry or repository check.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

The suitability of a current , prospective staff member of a Licensee and license exempt In-home relative care providers shall be assessed through completion of Criminal background check that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification, a search of the National Crime Information Center's National Sex Offender Registry and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years. OSSE has continued to meet with local agencies to change current legislation in order to comply with CCDF interstate requirements.

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

The suitability of a current , prospective staff member of a Licensee and license exempt In-home relative care providers shall be assessed through completion of Criminal background check that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification, a search of the National Crime Information Center's National Sex Offender Registry and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years. OSSE has continued to meet with local agencies to change current legislation in order to comply with CCDF interstate requirements.

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving 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 child care staff member resides.

Describe and include a citation:

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving 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 child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

Per DCMR 5A Chapter One, section 133.5 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 is supervised at all times by an individual who, within the three year period before the date of the Facility's request received a qualifying background check result.

- Other.

Describe:

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

Per the District of Columbia Municipal Regulations 5A Chapter One, section 133.4, OSSE shall make a good faith effort to provide notification of results of the criminal background reports to the facility and the current or prospective staff member within 45 days of the date the facility submitted the request for the criminal background check.

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option)- a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

Describe other disqualifying crimes and provide citation:

Per DC Municipal Regulations 5A Chapter One Section 133.7.c other disqualifying

crimes include arson

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

Per DC Municipal regulation 5A Chapter One section 135 : All records of criminal background checks and child protection register 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 CYSHA, D.C. Official Code § 4-1501.08, is subject to criminal penalties including a fine of no more than one thousand dollars (\$1,000), imprisonment for not more than one hundred and eighty (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.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Currently, the lead agency does not charge providers fees for criminal background cheks.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from all background check requirements.
- Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is 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:

-- State/territory professional standards and competencies. Describe:

OSSE facilitates professional development opportunities within its Core Knowledge Areas (CKA). The CKA are well-integrated professional standards which 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 Common Core Early Learning Standards, DCPS Effective Schools Framework and the Federal Head Start Program Performance Standards. The Core Knowledge Areas (CKA) include: Child Growth and Development; Observing, Documenting and Assessing to Support Young Children and Families; Health, Safety, and Nutrition; Curriculum; Inclusive Practices; Learning Environments; Building Family and Community Relationship; Diversity: Family, Language, Culture, and Society; Program Management, Operation and Evaluation; Professionalism and Advocacy; and 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. 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. A summary of the minimum requirements for staff can be found here:

<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Summary%20and%20Overview%20-%20Final%20Rulemaking%20for%20the%20Licensing%20of%20Child%20Development%20Facilities.pdf>

-- Career pathways. Describe:

OSSE is working with a regional advisory group that consists of representatives from the DC-Maryland-Virginia area to develop a competency-based career pathway for the early childhood education (ECE) workforce. Currently, OSSE attempts to ensure 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, as well as

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 be provided with resources. An extension to this initiative is a Help Desk Roadshow where an OSSE representative provides a workshop at child care facilities informing the staff of the various career pathways, programs in the DC area and available resources (e.g., scholarships). OSSE has recently launched its enhanced Professional Development Information System (PDIS) which 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 for ECE professionals to use their stored documents to request to be assigned to a career level based on their education credentials and professional trainings.

-- 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. OSSE is working with a regional advisory group that consists of representatives from the DC-Maryland-Virginia area. The DC Head Start Association advises OSSE on policy. 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 holds a quarterly meeting with all of its grantees to discuss workforce matters such as, professional development and continuing education. These meetings afford OSSE and the grantees the opportunity to plan collaboratively with one another to the benefit of the ECE workforce such as, matriculation from the Child Development Associate (CDA) training course into postsecondary programs via OSSE grant-funded T.E.A.C.H. scholarships.

-- Articulation. Describe:

Members of the Early Childhood-Higher Education Collaborative have confirmed the articulation of the CDA credential into up to six college credits. OSSE's grantees, CDA and TEACH, 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). OSSE continues to work with the Council

for Professional Recognition (issuer of the CDA) to help facilitate the articulation of CEUs at local universities.

-- **Workforce information. Describe:**

OSSE collects workforce data from several tools to gain an understanding of the District's ECE workforce to aid in programmatic planning. The data collection tools include the Professional Development Information System (PDIS), Division of Early Learning Licensing Tool and Quorum (online learning platform). The various workforce data collected include current position, education credentials and years of experience. Additionally, OSSE requires its grantees to collect data on the ECE professionals participating in the programs such as, ward of employment, salary and career pathway goal.

-- **Financing. Describe:**

· OSSE uses both federal and local funds to provide professional development and continuing education opportunities to the ECE workforce. The funds are allocated to a variety of workforce development programs such as, in-person training courses, unlimited access to an online learning platform and college tuition scholarship. Additionally, OSSE also has a partnership with the Bainum Family Foundation and they provide various supports to the workforce (e.g., coaching, trainings, etc.).

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

OSSE issues certificates for earned Professional Development Learning Units (PLUs) for educators attending the professional development training opportunities through the Professional Development Information System (PDIS). OSSE offers a variety of opportunities to earn PLUs and Continuing Education Units (CEUs) such as, Quorum (e-learning platform). The OSSE Division of Early Learning will work with the OSSE Division of Teaching and Learning and Postsecondary Education, and Higher Education Collaborative to explore ideas on how to articulate PLUs and CEUs to college credits.

- 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 Trainer Approval Program (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 11 Core Knowledge Areas (CKAs). CKAs detail the specific knowledge and skills needed by early childhood professionals to work effectively with all young children and families. Opportunities are afforded through a variety of partnerships with grantees, a contract with an e-learning company and other state agencies (e.g., DC Health).

- 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 for guidance on programming relating to workforce development that includes professional development offerings, outreach efforts and resource development. OSSE administration is participating in the Regional Implementation Network with state-based leadership, including neighboring states Virginia and Maryland. The work of the group is to influence the planning of quality improvements in the workforce.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

There are numerous scholarship and grant opportunities to enable child care professionals to access programs at little or no cost to them. These grant programs have been expanded to include more participants from diverse backgrounds with diverse needs. Through a grant to an organization registered with and approved by the national T.E.A.C.H. office, OSSE invests funds in support of the Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Project. T.E.A.C.H. is a scholarship program for teachers working towards an associate's and/or bachelor's degree that includes bonuses, increased compensation and one-on-one career advisors. The TEACH model must be facilitated by an organization registered with and approved by the national TEACH office. At the time of writing, National Black Child Development Institute (N.B.C.D.I.) is the only legally certified organization by the national T.E.A.C.H. program to administer the program locally in DC. OSSE is expanding opportunities for T.E.A.C.H. in FY18. Other scholarship assistance includes the Early Childhood Higher Education Initiative (HEI), DC Tuition Assistance Grant (DC TAG) and DC Mayor's Scholars Undergraduate Program. Furthermore, OSSE has awarded a grant to two community-based organizations to provide scholarships for their CDA training programs, which are offered in English, Spanish and Amharic. These grantees also provide scholarship funding for the CDA application fee for those who obtain the required instructional hours outside of the grantees' programs. Both grantees offer hybrid model cohorts that offer course instruction in a combined format of face-to-face meetings and virtual (online) learning. Some cohorts meet on Saturday to accommodate educators' schedules especially home providers. OSSE provides financial incentives linked to educational attainment and retention through the T.E.A.C.H. grant. The grant is managed by an organization registered with and approved by the national T.E.A.C.H. office, which provides comprehensive scholarships for early childhood center teachers, family providers and directors to work toward earning an associate's or bachelor's degree in early childhood education or a related field. As scholars earn credits, they receive a bonus. T.E.A.C.H. also facilitates contracts between the child care worker and the facility to provide incremental pay increases as higher education is pursued. To help support increased wages, DC raised its infant and toddler subsidy rates in 2016 and 2017. Additionally, DC's minimum wage was raised to \$13.25 per hour in July 2018 and will increase by about 70 cents per hour each year until it reaches \$15 per hour in 2020. The First Step program provides high school students with competency-based

education in early childhood growth and development; paid summer employment and practicum experience working with young children enrolled in licensed high-quality child development centers; individualized college and career counseling; regular onsite observation and preparation for the CDA verification visit and exam; fully paid application and examination fees; and access to financial aid for college through specialized scholarships, such as the Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Project. The First Step program was launched in 2016, is funded through a contract, and is scheduled to expand over the next three years at various campuses within DC Public Charter Schools and DC Public Schools. In addition to the grant and scholarship programs, all providers participating in Capital Quality, DC's redesigned Quality Rating and Improvement System (QRIS), participate in ongoing professional development, such as the monthly community of practice meetings and webinars.

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 the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (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 Common Core Early Learning Standards, which are the District's early learning and developmental guidelines and courses in developmentally appropriate methods of positive behavior intervention and support contribute to annual professional development hour requirements. OSSE also provides support through partnerships with other DC agencies (e.g., the Department of Behavioral Health, DC Health, etc.), to provide trainings to providers. Trainings are also provided through the IDEA Part C and Part B programs, Strong Start and Early Stages respectively. Community of practice meetings are held monthly for providers participating in Capital Quality, DC's redesigned Quality Rating and Improvement System (QRIS). In addition to the previously mentioned courses, OSSE also provides access to an online learning platform to providers that allow them to take courses towards the Child Development Associate (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:

a) with limited English proficiency

OSSE has a list of multi-cultural Spanish speaking providers association and ensures that for all courses offered in Spanish, the course descriptions are translated and sent directly to the Association. Currently OSSE offers more than 116 courses available in Spanish through an online learning platform. In-person trainings are often available in Spanish or with

interpretation services. There are also CDA training and scholarship program offerings in both Amharic and Spanish. Part of the recruitment and communication strategy is related to involvement in Capital Quality. Capital Quality aims to entice providers to participate in the subsidy program due to the increased rates, training, technical assistance, one-on-one coaching and a public-facing profile that providers have access to. Capital Quality engages the community through the My Child Care DC website, the OSSE website and through the CCR&R. Capital Quality 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 are accessible and comply with the Americans with Disabilities Act requirements (e.g., the OSSE office building, CCR&R service centers, etc.). The online learning platform also supports individuals with limited mobility. Multiple modes of communication are available to support individual needs. Part of the recruitment and communication strategy is related to involvement in Capital Quality. Capital Quality aims to entice providers to participate in the subsidy program due to the increased rates, training, technical assistance, one-on-one coaching and a public-facing profile that providers have access to. Capital Quality engages the community through the My Child Care DC website, the OSSE website and through the CCR&R.

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 and Native Hawaiians (98.44(b)(2)(iii--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 language 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 Americans with Disabilities Act and the Individuals with Disabilities Education Act.

6.2.5 The Lead Agency must provide training and technical assistance 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 homeless children and their families (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 special population, including topics relevant to homeless children and their families such as the McKinney-Vento 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. Families of children under age three who are not eligible for Part C services may participate in evidenced-based parenting classes, developmental surveillance and assessment, family service coordination and special instruction provided in play group sessions conducted by early intervention service providers. 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 3.2.2).

OSSE and the Department of Human Services continues 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 child care intake staff and community staff in Level Two child development sites on new eligibility criteria. Homeless families are categorically eligible for child care subsidy.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

OSSE conducts regular feedback sessions with staff and providers to ensure full implementation of all policy changes.

Other

Describe:

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

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 completed the following: 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. Engaged the SECDCC Program Quality Committee in identifying online and in-person learning opportunities; Initiated a shared services pilot and completed a needs assessment for family child care providers, aimed at supporting them with their business practices; Identified and certified trainers that offer business practices for child care center directors and owners through the CCR&R; Implemented business practices training and added the training to the professional development catalog through the CCR&R; Engaged in a public-private partnership to develop a shared services platform that is a collaboration tool that will allow early education providers to share knowledge and resources (which includes business practices). The Early Childhood Share DC platform was successfully launched; and the CCR&R is conducting a non-traditional hour needs assessment throughout DC to gain a better understanding of the needs of families so that OSSE can help address gaps in services. Enhanced pre-K grantees received technical assistance training in a number of fiscal topics, including cost reimbursement processes, provision of relevant and appropriate supporting documentation to substantiate costs and indirect costs. Grantees also received one-on-one technical assistance on budgeting and reimbursement topics, as needed.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other

Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

The current edition of the District of Columbia (DC) Common Core Early Learning Standards is a response to the evolution of the standards movement in early childhood education throughout the country. The DC Early Learning Standards show the continuum

of learning and development expected of all young children, from birth through kindergarten exit. They include alignment with the Common Core State Standards for English Language Arts and Mathematics (2010). They are also aligned with the Head Start Child Development and Early Learning Framework (2010), thus ensuring that all children will receive the same standards-based instruction regardless of program auspices. DC is currently in the process of enhancing the current standards to reflect the updated Head Start Early Learning Outcomes Framework (2015). These updated standards will also incorporate Next Generation Science Standards, integrated arts and will address dual language learners.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The DC Common Core Early Learning Standards are research-based and intentionally broken down by age-levels appropriate for the growth and development continuum. Those age levels include infants, toddlers, twos, preschoolers, pre-K exit expectations and K exit expectations to ensure developmentally appropriate practice (DAP) and standards by subject. "Developmentally Appropriate Practice is an approach to teaching grounded in the research on how young children develop and learn and in what is known about effective early education. Its framework is designed to promote young children's optimal learning and development."- NAEYC (<http://www.naeyc.org/dap>).

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- Cognition, including language arts and mathematics
- Social development
- Emotional development
- Physical development
- Approaches toward learning
- Other

Describe:

Social studies, scientific inquiry and the arts

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council

[or similar coordinating body.](#)

DC is currently in the process of reviewing its early learning standards and will engage the State Early Childhood Development Coordinating Council (SECDCC) for input prior to submitting recommendations to the State Board of Education for the board's consideration. These guidelines are implemented by ensuring that providers utilize curricula aligned with the DC Common Core Early Learning Standards. Additionally, professional development is offered to ensure that providers are comfortable with utilizing their curriculum to implement the standards. The primary purpose of the Early Learning Standards is to ensure that children in the District of Columbia have rich and robust early experiences that prepare them for success in school and for lifelong learning, as well as catering to the diverse needs of various populations. To achieve this goal, the Early Learning Standards should be used as a resource for guiding the selection and implementation of the curriculum; a focus for discussion by families, community members, and legislators around the education of young children; a guide for selecting assessment tools 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.

[e\) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates](#)

The DC Common Core Early Learning Standards were originally adopted in 2012. In May 2017, a process to review the standards was launched 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 language learners. 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. Once the enhanced standards are drafted, they will be shared with the SECDCC and the State Board of Education for their consideration and for the Board's review. The Division of Early Learning will continue to review and revise the standards based on best practices and research in the field.

[f\) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards](#)

N/A

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/DC%20Early%20Learning%202015.pdf>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

These guidelines are implemented by ensuring that providers utilize curricula aligned with the DC Common Core Early Learning Standards. Additionally, professional development is offered to ensure that providers are comfortable with utilizing their curriculum to implement the standards. The primary purpose of the Early Learning Standards is to ensure that children in the District of Columbia have the rich and robust early experiences that prepare them for success in school and for lifelong learning. To achieve this goal, the Early Learning Standards should be used as a resource for guiding the selection and implementation of the curriculum; a focus for discussion by families, community members and legislators around the education of young children; a guide for selecting assessment tools 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.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

OSSE has redesigned the District's Quality Rating and Improvement System (QRIS), named Capital Quality, which also serves as a tiered rate reimbursement system. The redesigned QRIS, Capital Quality, provides a common measure of quality that will inform consumers and help target investments and planning in early childhood education and care. This common measure of quality means that there is alignment across child development homes and centers and is focused on positive outcomes for children. The redesigned QRIS assesses quality based on the following assessments: Infant/Toddler Environment Rating Scale-

Revised (ITERS-R); Family Child Care Environment Rating Scale-Revised (FCCERS-R) and Classroom Assessment Scoring System (CLASS) Pre-K. These assessments are conducted annually, and two years of data is collected before early childhood development facilities are rated under Capital Quality. The first ratings under Capital Quality will occur in spring 2019. Once baseline data is assessed, OSSE will review quality activities and supports that best meet the needs of early childhood development centers and homes in the District. In addition to the formal classroom assessments, monthly feedback is collected in reference to the monthly community of practice meetings and the support received from the quality facilitator. This information also informs the supports that Capital Quality providers receive.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

OSSE, as the lead agency is using these results to inform our strategies, investments and the support we provide to the providers in terms of training, professional development and supplies/resources. OSSE has collected CLASS Pre-K data since 2013. Most recently, the results indicated the following: The vast majority of DC's pre-K classrooms exceeded the threshold for quality in Emotional Support and Classroom Organization domains and show opportunities for growth and improvement in Instructional Support. CBOs with at least one classroom receiving Pre-K Enhancement and Expansion funding received higher Instructional Support scores than CBOs that are not in the Pre-K Enhancement and Expansion program. CBO teachers with bachelor's or a master's degree in early childhood education, had better Emotional Support scores than CBO teachers without a degree, and CBO teachers with any degree (i.e., associate, bachelor's, master's or higher) had better Instructional Support scores than CBO teachers without a degree. DCPS teachers with a bachelor's degree in early childhood education had better Instructional Support scores than DCPS teachers without a degree in early childhood education. Pre-K programs across the District have generally experienced a trend of stable classroom quality over the past three years. Findings of the CLASS Pre-K and the Environment Rating Scales assessments will be evaluated upon the first ratings under the redesigned QRIS in spring 2019. Once baseline data is examined, floors and targets will be set and four tiers of quality will be assigned. Thus far, OSSE has learned that there are low instructional support scores across the board. This helps us target training and professional development specifically related to the DC Common

Core Early Learning Standards and our newly implemented school readiness goals. Additionally, this assessment provided insight into the current DC Common Core Early Learning Standards and the need to review and update them to ensure that they are aligned with national research, as well as the K-12 system. In addition to updating the DC Common Core Early Learning Standards and implementing the school readiness goals, these scores allow providers and Capital Quality, quality facilitators, to target individual provider needs.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

- Supporting the training and professional development of the child care workforce. If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Local funds and federal grant funds from the Administration on Children and Families Early Head Start-Child Care Partnership grant.

- Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Local Funds

- Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Local funds

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

Local funds and federal grant funds from the Administration on Children and Families Early Head Start-Child Care Partnership grant.

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Local funds

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Local funds

Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

Local funds

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

Through grant funding, supported by CCDF and local dollars, OSSE supports several CDA and AA (Infant Toddler concentration) programs. The CCR&R grantee offers training on the DC Common Core Early Learning Standards and contracts with outside organizations to offer training on developmentally appropriate practices and children's health and safety. OSSE provides an online learning platform, through which the child care workforce can access health and safety and developmental training 24 hours per day, seven days per week. Additionally, OSSE partners with other District agencies, including DC Health, Department of Behavioral Health, the Child and Family Services Agency (CFSA) and the District of Columbia Public Schools to offer training and professional development in these areas.

- Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

Early learning professionals receive behavior management strategies through several venues. In both the CDA and AA (Infant Toddler concentration) programs, behavior management strategies are covered. Additionally, OSSE partners with DCPS Early Stages and the CCR&R grantee contracts with outside organizations to offer training and professional development in these areas. Healthy Futures, provided through the Department of Behavioral Health and funded by CCDF, provides infant toddler centers mental health program 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 and caregivers, linkage with community resources and frequent evaluation for effective and appropriate technique and sustainable change. This professional service identifies findings and introduces remedial techniques for improving child outcomes, reducing teacher stress and director's attitudes and beliefs.

- [Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development](#)

[Describe:](#)

This is covered through the DC CCELS 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.

- [Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.](#)

[Describe:](#)

Developmentally appropriate, culturally and linguistically responsive and evidence-based curricula and designing learning environments that are aligned with the standards are covered in both the CDA and AA programs. Additionally, DC Common Core Early Learning Standards includes standards addressing early education through pre-K exit. OSSE also partners with DCPS Early Stages and the CCR&R grantee contracts with outside organizations to offer training and professional development in these areas. OSSE offers the modules for inclusive practice, including culturally and linguistically responsive practices through an online learning platform, for infant, toddler and preschool programs.

- [Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development](#)

[Describe:](#)

Through partnership with DC Health and the Department of Behavioral Health, OSSE

provides oral health and behavioral health supports to children enrolled in the Quality Improvement Network and will work to expand access to these programs to all providers.

Using data to guide program evaluation to ensure continuous improvement

Describe:

Embedded in Capital Quality is engagement and self-assessment through the continuous quality improvement plan, which facilitates each early childhood development facility's self-evaluation of its program based on 10 quality indicators and include the ITERS-R, FCCERS-R and/or CLASS data.

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment

Describe:

Quality Improvement Network, Early Head Start- Child Care Partnership; DC Promise Neighborhood; DC Public Library - Anacostia Branch; Byte Back (computer literacy). The CCR&R also serves families by pointing them to appropriate community programs based on their individual needs.

Caring for and supporting the development of children with disabilities and developmental delays

Describe:

The Division of Early Learning, Strong Start unit offers training in this area (e.g., inclusive practices), and OSSE partners with DCPS Early Stages to offer training, including an overview of special education and how to administer the Ages and Stages Questionnaires: Third Edition (ASQ-3) and the Ages and Stages Questionnaires: Social Emotional (ASQ:SE).

Supporting the positive development of school-age children

Describe:

OSSE provides professional development support through the Professional Development Information System and covers the DC Common Core Early Learning Standards. The DC Common Core Early Learning Standards support the development of children birth through Kindergarten entry. Other training and professional

development is organized by District partner agencies and the CCR&R grantee and is listed in the Professional Development Information System. OSSE organizes elementary and secondary STEM, Arts (STEAM) integration professional development sessions and events, as well as professional development from Strong Start and DC Public Schools' Early Stages programs.

Other

Describe:

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. Check all that apply

Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling

Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

Other

Describe:

Financial aid and other resources to pursue post-secondary education relevant for the early childhood and school-age workforce is provided through a Help Desk Roadshow, which provides in-person information related to higher education resources.

Additionally, OSSE provides college fairs and computer hours to complete financial aid applications three Saturdays prior to the beginning of a new higher education semester.

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Since its initiation in July 2018, the early childhood education (ECE) Help Desk has fielded

over 1,500 calls on topics including the education requirements, scholarships and professional development. A total of 39 centers and 525 participants (e.g., center directors, assistant directors, teachers, assistant teachers) have been in receipt of the “Help Desk on the Road” mobile presentations across Wards throughout the District. OSSE also collects quantitative and qualitative data (e.g., Unusual Incident Reports, education monitoring reports, enrollment and participant evaluation data) as well as results from evaluations (e.g., CLASS, ITERS-R, FCCERS-R) to inform workforce needs. OSSE conducts annual evaluations of early care and educational programs (e.g., programs serving infants and toddlers, PreK and family home providers) to assess the quality of these programs. The Fiscal Year 2017 Pre-K report includes the following highlights: community-based organizations (CBOs) with at least one classroom receiving Pre-K Enhancement and Expansion funding scored higher on Instructional Support, on average, than CBOs that are not in the Pre-K Enhancement and Expansion program. CBO teachers with at least a bachelor’s degree in early childhood education had, on average, higher Emotional Support scores than CBO teachers without a comparable degree. CBO teachers with any degree (i.e., an associate’s degree or higher), on average, had higher Instructional Support scores than CBO teachers without a degree.

For professionals earning credentials and higher education degrees through scholarships, grantees monitor recipients and submit monthly reports including quantitative (e.g., enrolled professionals, completed courses, credentials and degrees) and narrative information. DC has recently (July 2016) instituted new licensing regulations (effective Dec 2, 2016) in an effort to improve the quality of the workforce. Specifically, the following requirements are now in place: BA for center directors, associate’s in early childhood or related field or associate’s in any field with 24 credits in early childhood for teachers and/or Expanded Home Caregivers, a CDA for assistant teachers and/or Home Caregivers and Associate Home Caregivers.

7.4 Quality Rating and Improvement System (QRIS)

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

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
- No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
- 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.

OSSE will transition from the current QRIS, Going for the Gold, to Capital Quality in Oct. 2018. All current subsidy providers will receive one-on-one technical assistance under Capital Quality by Jan. 2019. Capital Quality is administered state-wide and quality facilitators support providers. Capital Quality includes 10 quality indicators that are used for providers to complete a web-based self-assessment of their programs. Capital Quality requires programs to address the following program elements: results of the CLASS™ for preschool and pre-K and/or ITERS-R and/or FCCERS-R, attendance, mission statement, culturally and linguistically responsive practices, inclusion practices, curriculum aligned to DC Common Core Early Learning Standards, formal assessments that are aligned to curriculum and informal assessments, developmental screenings, professional development and family

engagement. OSSE collects and analyzes this data annually. OSSE also collects monthly feedback on the community of practice meetings and on provider experience with their quality facilitator. In addition to the self-assessment, OSSE collects and analyzes data from the CLASS Pre-K, ITERS-R and FCCERS-R. This data is used to evaluate progress and determine areas where supports are needed. The following is a link to the Capital Quality website which provides additional information, including the difference between the Going for the Gold and Capital Quality models:

<https://osse.dc.gov/page/capital-quality-qris> .

- 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.

- Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

7.4.2 QRIS participation

a) Are providers required to participate in the QRIS?

- Participation is voluntary
- Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

According to Section 102 of the DCMR Title 5 Chapter 5-A1, the State Superintendent has limited the requirement to participate in QRIS to facilities that receive CCDF funding, while providing the opportunity for all licensed facilities to participate.

Therefore, participation is mandatory for subsidy providers, and under Capital Quality,

licensed non-subsidy providers may also elect to participate. The quality level determines the reimbursement rate both under Going for the Gold and Capital Quality. In Capital Quality, providers will be reimbursed based on four tiers of quality, with the highest level of quality receiving the highest reimbursement rate.

Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State prekindergarten or preschool programs
- Local district-supported prekindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Tribally operated programs
- Other

Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

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.
- Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .
 - Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - 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).
 - Programs that meet all or part of state/territory school-age quality standards.
 - Other.
- Describe:

7.4.4 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
- Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - Embeds licensing into the QRIS
 - State/territory license is a "rated" license
 - Other.
- Describe:

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS

- No
- Yes. If yes, check all that apply
 - One time grants, awards, or bonuses.
 - Ongoing or periodic quality stipends
 - Higher subsidy payments
 - Training or technical assistance related to QRIS.
 - Coaching/mentoring.
 - Scholarships, bonuses, or increased compensation for degrees/certificates
 - Materials and supplies
 - Priority access for other grants or programs
 - Tax credits (providers or parents)
 - Payment of fees (e.g., licensing, accreditation)
 - Other

Describe:

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

In addition to the formal classroom assessments, monthly feedback is collected about the monthly community of practice meetings and the support received from the quality facilitator. This information also informs the supports that Capital Quality providers receive. OSSE seeks feedback throughout the year from participating providers. Additionally, Capital Quality includes 10 quality indicators that are used for providers to complete a web-based self-assessment of their programs, which is analyzed annually by OSSE. In addition, OSSE collects and analyzes data from the CLASS Pre-K, ITERS-R and FCCERS-R, which is used

to evaluate progress and determine areas in which supports are needed.

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. 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.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

The Office of the State Superintendent of Education (OSSE) received one of eight state level Early Head Start-Child Care Partnership (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 Quality Improvement Networks (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 Early Head Start 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 200 children (using federal funds) and an additional 294 (using local and philanthropic funds). While this grant will come to a conclusion in the fall of 2019, OSSE plans to re-apply for federal funding and continue to commit local funds for this initiative beyond the conclusion of the grant.

[Establishing or expanding the operation of community- or neighborhood-based family child care networks.](#)

[Describe:](#)

As part of the Quality Improvement Network (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 Early Head Start 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 awarded a locally-funded grant to a shared services business alliance for child development homes to enhance efficiencies and allow home providers to have more time and resources to focus on quality improvement strategies.

[Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers](#)

[Describe:](#)

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. By Jan. 2019 all subsidy providers will be included in the Capital Quality program, through this program, each provider receives individualized technical assistance from an assigned quality facilitator. Additionally, participating

providers attend monthly community of practice meetings.

- 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:

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 Quality Improvement Network (QIN) coaches, grant-funded Quality Rating and Improvement System (QRIS) quality facilitators and Trainer Approval Program (TAP) trainers. QIN coaches work directly with child development centers and homes onsite to provide coaching and technical assistance toward alignment to Early Head Start 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. The District also networks with sister agencies and partner organizations to provide free-of-cost training and technical assistance, including the following courses specific to infants and toddlers: The DC Common Core Early Learning Standards; Infant Safe Sleep Practices; ITERS-R and FCCERS-R training; Stewards of Children; Nutrition for Infants and Toddlers; Ages and Stages Questionnaire; Developmentally Appropriate Practice for Infants and Toddlers; and Trauma and Resilience: Building Strength in Children.

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

The 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 two (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 over 1,500 children and their families per year.

[Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments](#)

[Describe:](#)

OSSE uses the Infant and Toddler Environment Rating Scale-Revised and the Family Child Care Environment Rating Scale-Revised. Providers receive training and support leading up to and following the annual assessment.

[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.

[Developing infant and toddler components within the early learning and developmental guidelines](#)

[Describe:](#)

In a response to the evolution of the standards movement in early childhood education, the District of Columbia revised its early learning standard in 2012 and is currently in the process of considering updates (subject to approval by the DC State Board of Education). The DC Common Core Early Learning Standards have a continuum of learning and development expected of all young children from birth through Kindergarten. They include alignment with the Common Core Standards for English Language Arts and Mathematics. They are also aligned with the Head Start Child Development and Early

Learning Framework, thus ensuring that all children will receive the same standards-based instruction regardless of program. The Early Learning standards include indicators for infants, toddlers, two year olds, preschoolers (3s and 4s) and the exit expectations for children leaving pre-Kindergarten and Kindergarten.

- 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:

A grant has been awarded to a child care resource and referral agency (CCR&R) to provide consumer education to families. The CCR&R provides parents with a provider listing and current Quality Rating and Improvement System (QRIS) rating information. The CCR&R also provides updates and content for the publicly available My Child Care DC, a resource for parents to find appropriate child care. This website will also list the Capital Quality rating once programs are rated under the new system. Additionally, informational brochures are distributed to parents that address the importance of quality and different child care options in the District. CCR&R shares program information with families seeking child care through a variety of mediums including an online database, walk-in consultation and phone referrals. This grant is scheduled to conclude Sept. 30, 2019. OSSE plans to re-launch this grant to continue this work beyond the conclusion of this grant.

- Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

The Early Head Start Child Care Partnership grant will increase the supply of high-quality infant and toddler care in the District of Columbia (DC) by providing a model for scaling up quality improvement efforts for infants and toddlers across the District.

- Coordinating with child care health consultants.

Describe:

Coordinating with mental health consultants.

Describe:

Children enrolled in the QIN and the Pre-K Enhancement classrooms have access to mental health consultation via an interagency agreement with the Department of Behavioral Health. Each participating provider is assigned a mental health consultant to work with on a weekly basis.

Other

Describe:

7.5.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures

Increase the number and quality of trainings provided to infant and toddler professionals; increase the percentage of professionals completing infant and toddler trainings; Decrease by 10% annually the number of infant and toddler programs that are designated as “Developing,” the lowest designation of the QRIS rating system; and decrease the number of health and safety compliance issues identified in child care licensing programs serving infants and toddlers.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

OSSE provides a grant to a local community-based organization to operate the state-wide Child Care Resource and Referral (CCR&R) system, 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. The CCR&R tracks each contact made with families, providers and others made over the phone, by email, on their website and in person. This information is tracked in an online Quickbase application and is reviewed and analyzed on a monthly basis. Enrollment, attendance, and offers of professional development 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.

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

OSSE provides, through its Child Care Resource and Referral (CCR&R) program, free training options for meeting both licensing standards, as well as, mandatory health and safety trainings. All facilities and their staff are provided with a free annual subscription to an e-learning platform, Quorum, for obtaining the needed annual health and safety trainings.

The quality facilitators in Capital Quality, DC's redesigned Quality Rating and Improvement System, also work with providers to support their licensing, health and safety preparedness.

7.7.2 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?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other

Describe:

OSSE provides every licensed facility and their staff with free subscriptions to Quorum, an e-learning platform, to complete trainings that include CCDF-related health and safety required trainings. Required trainings not available through Quorum are offered through the CCR&R at no cost to participants. Additionally, OSSE pays for needed health and safety related clearances such as, FBI background checks and fire inspections.

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

ITERS-R is an observation measure designed to assess programs serving children from birth to 30 months of age. It measures spatial, programmatic, and interpersonal features of the program environment. FCCERS-R 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 measureable indicators that can help us to track

progress related to improvements in the health and safety of children (e.g., adequate space and furnishings, appropriate personal care routines) in infant and toddlers in center-based care and family-home provider care. Specifically, programs will see increased progress toward the target scores (e.g., 6) for the ITERS-R and FCCRS-R subscales. We will also see measureable indicators of increased health and safety practices as indicated by reductions in reports of serious injuries and health and safety violations during unannounced visits by licensing specialists.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

In an effort to evaluate the effectiveness of programming and the quality of early childhood services throughout the District, OSSE has invested in a large-scale program quality evaluation. For pre-K programs, this strategy has been implemented using the Classroom Assessment Scoring System (CLASS™ Pre-K), as well as providing teachers and program leaders with professional learning opportunities focused on best practices in interactions with preschoolers. In the 2017-2018 year, OSSE has expanded the reach of system-wide evaluation, including the observation and program quality assessment of all publicly-funded infant and toddler programs across the city using the Infant/Toddler Environment Rating Scale-Revised (ITERS-R) and the Family Child Care Environment Rating Scale Revised (FCCERS-R). OSSE will use the Early Development Instrument (EDI), a population-based measure of school readiness to measure improvements in child outcomes. The EDI metric that provides a population-based assessment of how young children are developing in neighborhoods throughout the United States. This information can be useful in improving policies, as well as allocating resources and community level strategies to improve school readiness for children birth to 5 years old. The information from EDI benefits teachers,

schools and communities in a variety of ways: - Provides a community measure of school readiness that can be used to retrospectively assess how the early childhood community can better prepare children for school, as well as, look forward to inform how to address the needs of the incoming class of kindergarten students. It also helps forge partnerships between schools and the broader community of early childhood stakeholders.

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services 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 Quality Rating and Improvement System, Capital Quality, yields ratings of program quality. This QRIS rating will enable us to monitor and track the progress of centers and homes with regard to the extent to which programs deliver high-quality programming increasingly over time. The Capital Quality rating is calculated using observable indicators from the Classroom Assessment Scoring System for Pre-K and the Environment Rating Scales for centers and homes serving infants and toddlers.

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- 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

- 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:

- 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:

- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- Focused on child care centers

Describe:

- Focused on family child care homes

Describe:

- No, but the state/territory is in the accreditation development phase

- Focused on child care centers

Describe:

- Focused on family child care homes

Describe:

- No, the state/territory has no plans for accreditation development

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Capital Quality 10 quality indicators are aligned with national accreditation standards (e.g., National Association for the Education of Young Children, National Association for Family Child Care, etc.) and are a part of the self-assessment that all participating providers

complete. Capital Quality includes 10 quality indicators that are used for providers to complete a web-based self-assessment of their programs. Capital Quality requires programs to address the following program elements: Results of the CLASS™ for preschool and pre-K and/or ITERS-R and/or FCCERS-R, attendance, mission statement, culturally and linguistically responsive practices, inclusion practices, curriculum aligned to DC Common Core Early Learning Standards, formal assessments that are aligned to curriculum and informal assessments, developmental screenings, professional development, and family engagement. Accreditation is not mandatory and does not determine the level of quality.

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

Efforts to develop high-quality program standards are supported through Capital Quality, DC's redesigned Quality Rating and Improvement System. A key element of the QRIS is supporting programs in developing a Continuous Quality Improvement (CQI) plan, which includes a set of quality standards that are common to all programs serving children birth to age 5. As part of this CQI, programs are supported in helping to design and implement quality improvement strategies, in addition to being provided with targeted support by Quality Facilitators (i.e., coaches) who work with the center director to monitor, track, and measure progress. In addition, the District provides Child Care Resource and Referral and the Quality Improvement Network. These programs provide training and technical assistance to support providers in maintaining healthy, safe environments and serve enrolled children nutritious meals during the program day. Additionally, the District promulgated new licensing regulations in Dec. 2016 that incorporate key components of the Caring for Our Children Standards. Included in the new licensing regulations are higher education requirements for staff. With the passage of the District of Columbia's Healthy Tots Act (HTA) in 2014, child development programs serving more than 50 percent subsidy-eligible children are required to participate in the Child and Adult Care Food Program (CACFP). The HTA provides an additional enhancement to each meal as an incentive and outlines standards for promoting

children's physical health and well-being. The Division of Early Learning partners with the Department of Behavioral Health to provide mental health consultants for providers participating in the Quality Improvement Network through the Healthy Futures program to provide mental health supports.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Capital Quality ratings will be used to evaluate progress in improving the quality of child care programs and services within the District of Columbia. We are also in the process of conducting a community needs assessment that will allow us to identify gaps and additional supports needed to improve health and safety for all children in DC.

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

The District of Columbia uses the Early Development Instrument (EDI), a population-based measure of school readiness that is completed by pre-K 4 teachers in the second half of the school year. The metric measures children's ability to meet age-appropriate developmental expectations in five general domains: physical health and well-being; social competence; emotional maturity; language and cognitive development; and communication skills and general knowledge. The data is mapped to where children live and is shared broadly with the

community through a partnership with Raise DC <http://www.raisedc.org/ourchildren>. Due to the breadth of information this assessment provides, OSSE is able to use this to inform broader system changes and provide support where it is needed the most. This metric was implemented for the first time in 2016 and will be administered every three years to examine risk factors and areas of support needed to ensure children meet developmental goals. In addition to the EDI, the Classroom Assessment Scoring System (CLASS) for Pre-K is used to assess pre-K classrooms and the Environment Rating Scales (ERS) are used to assess the quality of infant and toddler classrooms, as well as family child care homes and expanded homes..

7.11.2 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 measureable 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. As the District seeks to have strong policies, funding and programs that support these goals, there is a long-term need and vision for an Early Childhood Integrated Data System (ECIDS). By 2021, OSSE will have secured a vendor, through a competitive process, that will build an integrated data system for child care subsidy case management and payment system, the licensing data system, workforce and QRIS. The OSSE/DEL data system will support a connection to DC Early Intervention Strong Start, Head Start programs, DC Health, DBH, DHS, DHCF and the State Longitudinal Education Data System. It will build upon DC's strong unique identifier assignment, allowing the system to identify trends among children and families served by diverse public programs. OSSE will continue to work with the Data, Needs Assessment and Insights Committee of the SECDCC, the OSSE data system vendor and key stakeholders to develop an Early Childhood Integrated Data System (ECIDS) for DC. DC is prioritizing quality improvement of the District's birth to five system and an ECIDS will help practitioners and policymakers better measure and improve young children outcomes

over time. Additionally, all providers throughout the District have access to free professional development through OSSE, both in-person, and through online web-based system. OSSE also has a Help Desk for providers who have questions; all questions are answered either immediately or within one business day. There are also mentorship programs, presentations at local facilities on resources and public-private partnerships that support quality child care services. OSSE also provides assistance through the form of grants and scholarships to assist providers in meeting higher education requirements. Additionally, we also provide incentives to providers participating in Capital Quality in order to support them in meeting quality expectations. The District also collects information on 4 year olds through the Early Development Instrument (EDI), a population-based measure of school readiness. The EDI provides a holistic, citywide snapshot of young children's health, development, and school readiness and looks at outcomes across five domains: emotional maturity, social competence, language and cognitive development, physical health and well-being, and communication skills and general knowledge. In 2016, the Office of the State Superintendent of Education (OSSE), in partnership with the Center for Healthier Children, Families, and Communities at UCLA, administered the EDI to more than 4,600 students in 116 DC schools and community-based organizations. In 2019, the District will launch the second EDI data collection for all pre-K year olds. This second cohort will provide useful indicators of progress to help better understand how children are faring and what policies or programs are needed to address the needs of incoming kindergartens as they transition from early learning settings.

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 within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, 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 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. Check all that apply:

Train on policy manual

Describe:

OSSE provides quarterly child care eligibility policy training for all Level II providers and DHS employees that conduct eligibility determinations. Attendance training is mandatory once per year.

Train on policy change notices

Describe:

OSSE addresses child care eligibility policy changes during the quarterly trainings.

Ongoing monitoring and assessment of policy implementation

Describe:

The Eligibility Monitoring team provides training and technical assistance to eligibility staff on policies and procedures, including updates and changes. Formal training is conducted

quarterly and informal technical assistance is administered on an as-needed basis.

Other

Describe:

Regular check-ins and feedback sessions with staff and providers to monitor implementation of the new policies, ensuring their full implementation.

8.1.2 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:

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 who 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.

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.

 [Tracking systems to ensure reasonable and allowable costs](#)

[Describe:](#)

OSSE has implemented the Enterprise Grants Management System (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.

 [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.

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Conduct a risk assessment of policies and procedures

Describe:

OSSE will use the ACF OCC approved "Grantee Internal Controls Self-Assessment" tool as a framework for reviewing how well the District's policies and procedures meet the Child Care Development Fund's (CCDF) regulatory requirements in the areas of program integrity and financial accountability. 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. See

<https://childcareta.acf.hhs.gov/resource/grantee-internal-controls-self-assessment-instrument>.

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 system. 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.

Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Eligibility determinations are conducted by the DC Department of Human Services (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 less than 30 records. 50 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.

Other

Describe:

8.1.4 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 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. Include a description of the results of such activity.

Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other

databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe

The OSSE's Division of Early Learning (DEL) collaborates and shares data with the DC Health and Department of Human Services. 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.

[Run system reports that flag errors \(include types\).](#)

Describe:

Staff in the DEL and OSSE's Data, Accountability and Research (DAR) division use data mining techniques to determine historic changes in rates and whether rate changes coincided with tier and payment adjustments. These reports enable the lead agency to correct and process any over or under payments.

[Review enrollment documents and attendance or billing records](#)

Describe:

DEL staff review reported attendance each month for all providers in order to establish the monthly payment amount, and the review ensure accurate payments. Beginning Oct. 1, 2018, the Education Service Monitors will 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. The Department of Human Services (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.

[Conduct supervisory staff reviews or quality assurance reviews.](#)

Describe:

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 authorize 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.

[Audit provider records.](#)

[Describe:](#)

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 less 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. The audit assists the staff to target training based on common errors and identify case workers or Level II providers who need additional TA with eligibility determinations.

[Train staff on policy and/or audits.](#)

[Describe:](#)

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.

[Other](#)

[Describe:](#)

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.

[b\) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.](#)

- [Share/match data from other programs \(e.g., TANF program, CACFP, FNS, Medicaid\) or other databases \(e.g., State Directory of New Hires, Social Security Administration, PARIS\).](#)

Describe:

OSSE collaborates and shares data with DC Health and Department of Human Services. 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.

- [Run system reports that flag errors \(include types\).](#)

Describe:

OSSE uses data mining techniques to determine historic changes in rates and whether rate changes coincided with tier and payment adjustments. These reports enable the lead agency to correct and process any over or under payments.

- [Review enrollment documents and attendance or billing records](#)

Describe:

OSSE reviews reported attendance each month for all providers in order to establish the monthly payment amount, and the review ensure accurate payments. Beginning Oct. 1, 2018, the Education Service Monitors will 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. The Department of Human Services (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.

- [Conduct supervisory staff reviews or quality assurance reviews.](#)

Describe:

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 authorize 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.

[Audit provider records.](#)

[Describe:](#)

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 less 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. The audit assists the staff to target training based on common errors and identify case workers or Level II providers who need additional TA with eligibility determinations.

[Train staff on policy and/or audits.](#)

[Describe:](#)

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.

[Other](#)

[Describe:](#)

The OSSE collaborates and shares data with DC Health and Department of Human Services. This includes data about TANF and other social programs; A "Pending Eligibility Review Report" is conducted every month for Level II providers. Level II providers are child care providers who have agreements with OSSE to conduct their own eligibility. The Department of Human Services (DHS) is encouraged to run this report for cases that they manage every month. 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. 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 authorize the Accounts Payable Unit to process the monthly payment. OSSE uses data mining techniques to determine historic changes in rates and whether rate changes coincided with tier and payment adjustments. The education services monitors and eligibility monitors conduct quarterly trainings for providers on attendance and eligibility policies. Providers may also receive individual trainings if requested.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

The OSSE eligibility team collaborates and shares data with the DC Health and Department of Human Services. This includes data about TANF and other social programs. This ensures data and client records match at both agencies.

- Run system reports that flag errors (include types).

Describe:

OSSE staff use the "Pending Eligibility Report" to identify pending and late eligibility redeterminations errors. OSSE also uses the Annual Eligibility Assessment Review Report to flag errors to ensure families receiving subsidized child care are eligible.

- Review enrollment documents and attendance or billing records

Describe:

Monthly attendance records are reviewed by the attendance coordinators for accuracy to ensure proper payments. Attendance and payment adjustments are reviewed by a supervisor to ensure accuracy as well. The Chief Financial Office staff reviews payment adjustments before processing for payment.

Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Supervisory staff review all "stop placement" actions, monthly attendance payment adjustments, and monthly error report payment adjustments to ensure quality control.

Audit provider records.

Describe:

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 three percent. The Education Services Monitors conduct yearly visits to Level II sites to ensure that the programs are in alignment with District policies and procedures. During the visits, the program's quality and curriculum are assessed. During the eligibility audits, the Eligibility Monitors review documents for accuracy and ensure that there are proper procedures in place during the intake and records maintenance process.

Train staff on policy and/or audits.

Describe:

The Education Services Monitors and Eligibility Monitors conduct quarterly trainings for providers on attendance and eligibility policies. Providers may also receive individual trainings if requested.

Other

Describe:

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a) Check and describe all activities 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. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

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. 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.

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

All suspected cases of fraud uncovered or referred to OSSE are forwarded to the DC Office of the Inspector General for further investigation and action. The DC OIG reviews the information and conducts an independent investigation.

- Recover through repayment plans.

Describe:

The lead agency's recoupment policy allows for the provider to enter into a repayment plan, depending on the amount of the recoupment. Intentional program violations by the family may result in collection from the parent or guardian of funds improperly spent on child care.

- Reduce payments in subsequent months.

Describe:

Any cases of fraud or overpayments may be recovered via a recoupment plan administered in subsequent months.

Recover through state/territory tax intercepts.

Describe:

Recover through other means.

Describe:

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

b) Check 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:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

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.

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

Recover through repayment plans.

Describe:

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.

Reduce payments in subsequent months.

Describe:

Unintentional program violations may result in a recoupment plan for the child care facility, based on program staff findings.

Recover through state/territory tax intercepts.

Describe:

Recover through other means.

Describe:

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

c) 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.

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

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.

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

Unintentional program violations may result in collection from the parent or guardian of funds improperly spend on child care.

Reduce payments in subsequent months.

Describe:

Agency payment errors may result in a recoupment plan for the child care facility, based on program staff findings.

Recover through state/territory tax intercepts.

Describe:

Recover through other means.

Describe:

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

Every applicant or recipient has the right to appeal a decision made by the Department of Human Services/ Child Care Services Division (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.

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

Describe:

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 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 thirty-six (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 fifteen 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 thirty calendar days of the receipt of the Provider's Appeal.

- Prosecute criminally.

Describe:

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.

- Other.

Describe:

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting

a time-limited waiver extension.

Appendix A.11: Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a))

Describe the provision from which the state/territory seeks relief.

The requirement for Child abuse and neglect registry and database checks in any other state where the individual has resided in the past 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Receiving this waiver will allow child development facilities to provide services uninterrupted. It will also afford the lead agency additional time to implement a solution for the interstate registry checks.

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.

Staff at every licensed provider are subject to all other criminal background check requirements. Furthermore, each staff member is required to submit a signed affirmation stating whether or not the staff member has been convicted of a crime, has pleaded nolo contendere, is on probation before judgment or placement of a case upon a stet docket, or has been found not guilty by reason of insanity, for any sexual offenses or intra-family offenses in the District of Columbia or their equivalent in any other state or territory for various violent and non-violent offenses. See 5-A DCMR 133.7. Finally, the District is enrolling in the Rap Back program in October 2018.

Appendix A.12: Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

The requirement for Child abuse and neglect registry and database checks in any other state where the individual has resided in the past 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Receiving this waiver will allow child development facilities to provide services uninterrupted. It will also afford the lead agency additional time to implement a solution for the interstate registry checks.

[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.](#)

Staff at every licensed provider are subject to all other criminal background check requirements. Furthermore, each staff member is required to submit a signed affirmation stating whether or not the staff member has been convicted of a crime, has pleaded nolo contendere, is on probation before judgment or placement of a case upon a stet docket, or has been found not guilty by reason of insanity, for any sexual offenses or intra-family offenses in the District of Columbia or their equivalent in any other state or territory for various violent and non-violent offenses. See 5-A DCMR 133.7. Finally, the District is enrolling in the Rap Back program in October 2018

Appendix A. 13: [New staff hired to work provisionally until background checks are completed. \(See related question at 5.4.9\)](#)

[Describe the provision from which the state/territory seeks relief.](#)

The CCDF Final Rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

Receiving this waiver will allow child development facilities to provide services uninterrupted. It will also afford the lead agency additional time to implement a solution for the provisional work requirement.

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.

The health, safety, and well-being of children will be served because staff must remain supervised by other staff members with completed background checks while awaiting their results. Prospective staff members are not allowed to be alone with children but can still count toward the adult-to-child ration which will allow our licensed facilities to continue to provide high quality care uninterrupted.