



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

**for**

**State/Territory: The District of Columbia**

**FFY 2016-2018**

This Plan describes the CCDF program to be administered by the State/Territory for the period **06/01/2016 – 9/30/2018**. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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## Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - that rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees to enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to be used to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub.L. 113-186) ([https://www.acf.hhs.gov/sites/default/files/occ/child\\_care\\_and\\_development\\_block\\_grant\\_mark\\_up.pdf](https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf)). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

**CCDF Plan Overview.** The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption

and implementation of these important changes is done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

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

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

For purposes of simplicity and clarity, the specific provisions printed herein of applicable laws are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

**CCDBG Implementation Deadlines.** In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)
- Current overall status for this section (not yet started, in progress, partially completed, substantially completed, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented.
- Specific steps (activities) you will take to complete the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.).
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completion of the goal/objective, and partners who will work with the responsible agency to complete the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct reviews of implementation plans at least every six months. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date for the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

**CCDF Plan Submission.** States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see <http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text

and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing monitoring efforts of CCDBG compliance. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

## **1 Define CCDF Leadership and Coordination with Relevant Systems**

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action it describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

### **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))

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

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency: Office of the State Superintendent of Education, Division of Early Learning (OSSE)

Address of Lead Agency: 801 First Street NE Washington DC 20001

Name and Title of the Lead Agency Official: Hanseul Kang, State Superintendent

Phone Number: 202-724-7739

E-Mail Address: Hanseul.Kang@dc.gov

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

1.1.2 Who is the CCDF administrator?

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

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: Elizabeth Groginsky

Title of CCDF Administrator: Assistant Superintendent of Early Learning

Address of CCDF Administrator: 801 First Street NE Washington DC 20001

Phone Number: 202-727-2814

E-Mail Address: Elizabeth.Groginsky@dc.gov

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

Name of CCDF Co-Administrator: Carolyn Terry-Taylor

Title of CCDF Co-Administrator: Policy and Program Manager

Phone Number: 202-727-6436

E-Mail Address: Carolyn.Taylor@dc.gov

Description of the role of the Co-Administrator: Provide support in monitoring and implementing the CCDF plan.

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): 202-727-8140

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

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

Web address for CCDF program administrative rules: (if any): www.dcregs.dc.gov

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF Administration and the lead contact responsible for managing this portion of the Plan.

- Outreach and Consumer Education (section 2):
  - Agency/Department/Entity OSSE, Division of Early Learning
  - Lead Contact Director, Policy, Planning and Research
- Subsidy/Financial Assistance (section 3 and section 4)
  - Agency/Department/Entity OSSE, Division of Early Learning
  - Lead Contact Director, Policy, Planning and Research
- Licensing/Monitoring (section 5):
  - Agency/Department/Entity OSSE, Division of Early Learning
  - Lead Contact Director, Licensing and Compliance
- Child Care Workforce (section 6):
  - Agency/Department/Entity OSSE, Division of Early Learning
  - Lead Contact Director, Quality Initiatives
- Quality Improvement (section 7):
  - Agency/Department/Entity OSSE, Division of Early Learning
  - Lead Contact Director, Quality Initiatives
- Grantee Accountability/Program Integrity (section 8):
  - Agency/Department/Entity OSSE, Division of Early Learning
  - Lead Contact Director, Operations and Management

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

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- All program rules and policies are set or established at the State/Territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

- Eligibility rules and policies (e.g., income limits) are set by the:
  - State/Territory
  - County. If checked, describe the type of eligibility policies the county can set\_\_\_\_\_
  - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set\_\_\_\_\_
  - Other. Describe: \_\_\_\_\_
- Sliding fee scale is set by the:
  - State/Territory
  - County. If checked, describe the type of sliding fee scale policies the county can set\_\_\_\_\_
  - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set\_\_\_\_\_
  - Other. Describe: \_\_\_\_\_
- Payment rates are set by the:
  - State/Territory
  - County. If checked, describe the type of payment rate policies the county can set\_\_\_\_\_
  - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set\_\_\_\_\_
  - Other. Describe: \_\_\_\_\_
- Other. List and describe (e.g., quality improvement systems):

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing cross-state differences in eligibility or other policies to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- CCDF Lead Agency

- TANF agency. Describe. Department of Human Services, Economic Securities Administration, Child Care Services Division
- Other State/Territory agency. Describe. \_\_\_\_\_
- Local government agencies such as county welfare or social services departments. Describe. Department of Human Services, Economic Securities Administration, Child Care Services Division
- Child care resource and referral agencies. Describe. \_\_\_\_\_
- Community-based organizations. Describe. OSSE contracts with child development providers to conduct eligibility on its behalf. These providers are identified as Level II Providers. A Level II provider only conducts eligibility for families enrolled in its center.
- Other. Describe. \_\_\_\_\_

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

- CCDF Lead Agency
- TANF agency. Describe. \_\_\_\_\_
- Other State/Territory agency. Describe. \_\_\_\_\_
- Local government agencies such as county welfare or social services departments. Describe. Department of Human Services, Economic Securities Administration, Child Care Services Division assists families in locating and accessing child care services.
- Child care resource and referral agencies. Describe. The DC Child Care Resource and Referral agency assists parents with locating child care by service type, quality and service location.
- Community-based organizations. Describe. \_\_\_\_\_
- Other. Describe. \_\_\_\_\_

c) Who issues payments?

- CCDF Lead Agency
- TANF agency. Describe. \_\_\_\_\_
- Other State/Territory agency. Describe. \_\_\_\_\_
- Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_
- Child care resource and referral agencies. Describe. \_\_\_\_\_
- Community-based organizations. Describe. \_\_\_\_\_

Other. Describe. \_\_\_\_\_

### 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 three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf)

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R). In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

- 1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe:

The CCDF Administrator met regularly with staff from the office of the Deputy Mayor for Education and the Deputy Mayor for Health and Human Services to solicit input into the plan and review drafts. The District of Columbia City Council has representation on the State Early Childhood Development Coordinating Council (SECDCC), DC's state advisory council, which was briefed and consulted on the development of the plan.

[REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe: The SECDCC's vision is that all young children and families in DC will receive the necessary supports and services from birth to age eight to be ready to learn and develop successfully. The Child Care Administrator is a member of the SECDCC and consulted with the Council on the plan at its March and November 2015 meetings. Additionally, the CCDF administrator meets monthly with the state superintendent of education, co-chair of the SECDCC, to brief her and gather input on the CCDF plan. The SECDCC's membership includes the Office of the State Superintendent of Education, Department of Health, Department of Human Services, Department of Behavior Health, Child and Family Services Administration, DC Public Libraries, Department of Employment Services, Department of Parks and Recreation, Department of Health Care Finance, University of the District of Columbia, Community College, DC City Council, a pediatrician from National Children's Hospital, the resource and referral agency, a home visiting program, Part C early intervention

provider, Part B 619 agency, center-based child development provider, child development home provider, business leaders, private philanthropy, Head Start, DC Public Schools, Public Charter School Board, public charter schools, and advocacy organizations.

- If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
  - Yes
  - No.
- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy \_\_\_\_\_
- [REQUIRED, AT THE OPTION OF THE TRIBE] Indian tribe(s) and/or tribal organization(s). Describe, including which Tribe(s) you consulted with \_\_\_\_\_ Check N/A if no Indian Tribes and/or Tribal organizations in the State  N/A
- State/Territory agency responsible for public education. Describe. The Office of the State Superintendent of Education (OSSE) is the lead agency responsible for the Child Care and Development Block Grant. The state superintendent of education provided input on the development of the plan.
- State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). The DC Early Intervention Program (DCEIP) and Section 619 is part of OSSE's Division of Early Learning. The program manager for DCEIP was consulted and provided input on the plan.
- State/Territory institutions for higher education, including community colleges. The SECDCC has representation from the University of the District of Columbia, Community College. The lead faculty is also co-chair of the SECDCC Program Quality committee and has been given the opportunity to comment on the plan.
- State/Territory agency responsible for child care licensing. Child Care licensing is administered through OSSE.
- State/Territory office/director for Head Start State collaboration. The Head Start State Collaboration Office is part of OSSE. The CCDF administrator/Head Start State Collaboration Director consulted with the DC Head Start Association on the development of the plan.
- State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. OSSE is one of seven state level Early Head Start-Child Care Partnership grantees in the country. Members of the Interagency Steering Committee of the Early Head Start Child Care partnership are given an opportunity to comment on the plan.

- State/Territory agency responsible for Child and Adult Care Food Program (CACFP). The CACFP program is administered through OSSE's Nutrition and Wellness team. The Early Learning team meets regularly with the CACFP team to coordinate increased participation of child care programs in the CACFP program. Representatives from the team are given an opportunity to comment on the plan.
- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. OSSE consulted with the Department of Health, Community Health Administration (DOH, CHA), the agency responsible for WIC, nutrition support and child obesity prevention. DOH is represented on the SECDCC and the Interagency Steering Committee of the Early Head Start Child Care Partnership grant. Representatives from WIC were given the opportunity to comment on the plan.
- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe \_\_\_\_\_
- State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. OSSE is an active member of the state's home visiting council and the lead staff for the Maternal and Child Home Visitation program is a member of OSSE's Interagency Steering Committee that is guiding the work of the Early Head Start Child Care Partnership grant. Representatives from the Maternal and Child Home Visitation program were given the opportunity to comment on the plan.
- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). The Department of Health Care Finance (DHCF) is the state agency responsible for the administration of the Medicaid program in the District of Columbia. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services constitutes the child health component of the Medicaid program. DHCF is represented on the SECDCC and the Interagency Steering Committee of the Early Head Start Child Care Partnership grant. Representatives from DHCF are given the opportunity to comment on the plan.
- McKinney-Vento State coordinators for Homeless Education. The OSSE child care administrator met with OSSE's McKinney-Vento liaison to discuss the plan and consulted with them on how to remove barriers for homeless families in accessing child care. A joint site visit was made to an inclusive Early Head Start child care center in a transitional homeless shelter to learn more about how to coordinate homeless services and child care services. The McKinney-Vento State Coordinator is given the opportunity to comment on the plan. Representatives from DHCF are given the opportunity to comment on the plan.
- State/Territory agency responsible for public health. The Department of Health (DOH) is represented on the SECDCC and the Interagency Steering Committee of the Early Head Start Child Care Partnership grant.
- State/Territory agency responsible for child welfare. The Child and Family Services Administration (CFSA) is the state agency responsible for child welfare in the District of Columbia. CFSA is represented on the SECDCC and the Interagency Steering Committee

of the Early Head Start Child Care Partnership grant. Representatives from CFSA were given the opportunity to comment on the plan.

- State/Territory liaison for military child care programs. N/A
- State/Territory agency responsible for employment services/workforce development. OSSE consulted with the Interim Director of the Workforce Investment Council on the Plan. The Department of Employment Services (DOES) is the state agency responsible for employment and workforce development and is represented on the SECDCC. Representatives from DOES are given the opportunity to comment on the plan.
- State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). The Department of Human Services is the state agency responsible for TANF. OSSE has consulted regularly with DHS on the development of the plan including participating in an eligibility assessment meeting. OSSE and DHS hosted community forums to solicit input and recommendations from stakeholders on how to improve the subsidized child care program. DHS is also a member of the SECDCC and the Interagency Steering Committee of the Early Head Start Child Care Partnership grant.
- State/community agencies serving refugee or immigrant families. Describe \_\_\_\_\_
- Child care resource and referral agencies. OSSE contracts with a community based organization to provide resource and referral services. The organization is a member of the SECDCC. Representatives from the resource and referral agency helped inform the plan and were given the opportunity to provide comment on the plan.
- Provider groups or associations. OSSE hosted community forums, community town hall meetings, and child care provider meetings in various sectors of the District of Columbia providing stakeholders an opportunity to provide input and recommendations on the CCDF Plan. Provider groups are given the opportunity to provide comment on the plan.
- Parent groups or organizations. Describe OSSE hosted community forums and town hall meetings. Individual parents, parent groups and advocacy groups attended and provided input. Parent groups and organizations will have the opportunity to provide comment on the plan.
- Worker organizations. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date(s) of notice of public hearing: Friday, December 18, 2015  
**Reminder** - Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Public notifications were posted in the District of

Columbia Official Public Notice Registry and on the OSSE website. Upon request, copies of the notification will be made available in Braille and/or large print.

- c) Date(s) of public hearing(s): January 11, 12, 14, 15, and 19, 2016

**Reminder** - Must be no earlier than September 1, 2015 (9 months before effective date of Plan - June 1, 2016).

- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed: Public Hearing locations were selected in each quadrant (NE, NW, SE, SW) of the District of Columbia. Additionally, locations were selected for ease of access and use of public transportation. Individuals may request language interpretation for any of the meetings.

- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s): The draft CCDF Plan was made available on the OSSE website, a link was included in OSSE's Early Learning Bulletin and the Plan was reviewed at the State Early Childhood Development Coordinating Council (SECDCC) meeting in January.

- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Public input will be reviewed by OSSE and incorporated, as appropriate, into the Plan.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe.

- Sharing at public hearings. A summary of the plan will be presented at the public hearings in January 2016 and updates to the Plan will be included in the OSSE annual performance and budget oversight hearings.
- Working with advisory committees. OSSE will encourage the SECDCC and other committees and councils focused on improving early care and education to use the Plan as a framework to guide its work. Progress on the Plan's implementation will be provided quarterly at SECDCC meetings.
- Working with child care resource and referral agencies. The child care resource and referral organization will participate in the public hearings and use the plan to direct and guide its work with families. The Plan will be available on its website.
- Providing translation in other languages. The District of Columbia offers both oral translation services to individuals who seek to access or participate in the services, programs or activities and written translation services of vital documents (applications, notices, complaint forms, legal contracts, and outreach materials that inform individuals about their rights or eligibility requirements for benefits and participation) in the following languages: Amharic, Spanish Chinese, French, Vietnamese, and Korean. OSSE contracts with various companies and utilizes Language Access, an online translation service, for translation and support services.

- Making available on the Lead Agency website. List the website [www.osse.d.gov](http://www.osse.d.gov).
- Sharing through social media (Twitter, Facebook, Instagram, email, etc.). OSSE will distribute information about the public meetings, the Plan and Plan amendments through a monthly e-bulletin to providers and advocacy groups to keep them informed about the Plan and OSSE's progress in implementation.
- Providing notification to stakeholders (e.g., provider groups, parent groups). All licensed providers in the District of Columbia and parent and provider advocacy groups will receive the Notice of Public Hearing via e-mail. Additionally, information on the Plan will be available on the OSSE website and through the child care resource and referral agency, the Quality Improvement Network hub agencies, DHS service sites, libraries, and DOES service centers.
- Other. Describe \_\_\_\_\_

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

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/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.

- 1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. (658E(c)(2)(O)) Please describe 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 quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. This list includes entities required by law along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

- [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). OSSE coordinates with Head Start programs and Pre-K Enhancement and Expansion community based organizations to enhance the quality of care and extend services from 6.5 hour per day to 11 hours per day through a blended funding model.
- [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribes coordinating with \_\_\_\_\_
- Check N/A if no Tribes or Tribal programs exist within the boundaries of the State.**
- [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. OSSE administers DC's Early Intervention Part C program for

Infants and Toddlers with disabilities. OSSE has strong intra-agency partnerships that support families and children and link comprehensive services and continuity of care to children in their natural environment. OSSE has a special needs rate for approved providers that serve a significant population of children with special needs. The DC Early Intervention program provides consultation and technical assistance to child development centers on how to meet the needs of children with special needs.

- [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney Vento Act). OSSE provides pre-K grants, child care subsidy and technical assistance to an early childhood program that serves exclusively homeless children. Additionally, OSSE seeks to expand support for homeless families in accessing child care by providing a grace period for homeless families to provide the required immunization and health documentation for subsidized child care. OSSE will coordinate professional development and outreach with the state McKinney Vento staff, the Department of Human Services, Homeless Services Division and the lead community based organization that coordinates all services and supports for homeless families in the District.
- [REQUIRED] Early childhood programs serving children in foster care. OSSE, in partnership with CFSA and DHS, has designed a streamlined referral process that ensures children in foster care receive access to early childhood programs across the District. Quarterly meetings are held between the three agencies to review the process and identify barriers to the continuity of care for children in foster care.
- State/Territory agency responsible for licensing. OSSE is the state agency responsible for licensing child development facilities. The Director of Licensing and Compliance will work with the Director of Quality Initiatives to ensure integration and alignment of the Quality Rating and Improvement System (QRIS) with the licensing system. The licensing unit provides monthly reports to the child care administrator and the OSSE leadership team that help inform professional development and technical assistance needs of child development facilities.
- State/Territory agency with Head Start State collaboration grant. OSSE is the state agency responsible for the Head Start State Collaboration (HSSC) grant. The Director of Quality Initiatives serves as the HSSC director and supports the work of the Early Head Start Child Care Partnerships grant, partners with the data team at OSSE to better integrate Head Start data with the state early childhood data system and promotes Head Start grantee involvement in the enhanced Quality Rating and Improvement System (QRIS).
- State Advisory Council authorized by the Head Start Act. The State Early Childhood Development Coordinating Council (SECDCC) serves as an advisory council to the Mayor

on the development and improvement of the early childhood system in the District of Columbia. The SECDCC's vision is that all young children and families in DC will receive the necessary supports and services such that children from birth to age eight are ready to learn and develop successfully. The state child care administrator is a member of the Council and provides guidance and seeks input from the SECDCC on implementation of the Pre-K Enhancement and Expansion program, expanding and enhancing services for children with special needs, improving access and quality of care for infants and toddlers, strengthening outreach and engagement of families, and ensuring children have access to comprehensive health services and developmental screenings.

- State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. OSSE is the lead agency for the Early Head Start Child Care Partnership grant. The Quality Improvement Network (QIN) is an innovative, neighborhood based hub model that supports a network of centers and homes in achieving Early Head Start standards. The lead agency, in partnership with public and private agencies, will use this model to scale up and improve the quality of care for infants and toddlers across the District.
- McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. OSSE is the lead agency. The McKinney-Vento State coordinator and the state child care administrator meet regularly to discuss ways to better coordinate our outreach and support services and provide high quality professional development for child development staff to ensure they are able to effectively identify and provide services to families that are experiencing homelessness.
- Child care resource and referral agencies. OSSE supports the child care resource and referral agency in the District of Columbia and meets regularly with the team to discuss the needs of parents and providers in the District. The child care resource and referral agency staff participate in provider meetings and conduct parent and provider outreach activities throughout the District.
- State/Territory agency responsible for public education. OSSE is the agency responsible for public education and the child care administrator works closely with the Assistant Superintendent of Elementary, Secondary and Specialized Education on professional development opportunities, special education and Kindergarten transition and readiness.
- State/Territory institutions for higher education, including community colleges. OSSE partners with local two and four year institutions to improve the skills and competencies of child care directors and teachers with a special emphasis on meeting the learning needs of infants and toddlers and children with special needs.

- State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

OSSE is the lead agency responsible for CACFP. The District passed the Healthy Tots Act in 2015, which requires child development facilities that serve more than 50 percent subsidy eligible children to participate in CACFP. The Division of Early Learning and the Division of Health and Wellness at OSSE work closely together to support the training and technical assistance needs of child development centers and work to remove barriers to participation in CACFP.

- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Through the “Adopt a Daycare Center” program, supported by WIC administrative funding, each WIC clinic “adopts” early learning facilities (including private facilities and Head Start centers) in their geographic area. WIC clinic staff attend parent meetings and other parent engagement events at the facilities, to meet parents where they are and share relevant information and resources. WIC clinic staff also host Open House events to encourage parents from the targeted facilities to visit the WIC clinics. Additionally, OSSE promotes family resource areas at child care facilities as a best practice. WIC staff provide materials that can be shared through these existing resource areas, alongside other relevant information for families. This further promotes an integrated approach to consumer education.

OSSE and DOH established venues for coordination through both the SECDCC and the Healthy Youth and Schools Commission (HYSC) developed by OSSE as part of the 2010 Healthy Schools Act. The SECDCC meets monthly and its members include the Director of DOH and OSSE Assistant Superintendent of Early Learning. The SECDCC’s vision is that all young children and families in DC will receive the necessary supports and services, such that children birth to age eight will learn and develop successfully. Thus, the SECDCC provides a venue for ongoing coordination and collaboration.

- State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. OSSE is a member of DC’s Home Visitation Council and participates in monthly meetings to support better alignment and coordination of activities.
- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). The Department of Health Care Finance is the single state agency for the District of Columbia 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. OSSE partners with Health Care Finance to ensure increased access to Medicaid services for all eligible children.
- State/Territory agency responsible for public health. OSSE collaborates with the Department of Health on sharing information related to immunizations and health

requirements to ensure families are informed and thus preventing interruption of early childhood services.

- State/Territory agency responsible for child welfare. The Child and Family Services Agency (CFSA) is a member of the SECDCC and the Interagency District Steering Committee. OSSE, CFSA and DHS meet regularly to problem solve issues impacting access to child care for children in protective services.
- State/Territory liaison for military child care programs. Describe \_\_\_\_\_
- State/Territory agency responsible for employment services/workforce development. The Department of Employment Services (DOES) is a member of the SECDCC and is a partner with OSSE in the District's Reengagement Center for youth 16-24. OSSE collaborates with the Re-engagement center in supporting youth with young children in accessing early learning services and supports.
- State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). OSSE partners with the Department of Human Services to support TANF families with access to quality care. The partnership's initial focus is on increasing access to eligibility sites resulting in DHS opening an additional site. Additionally, this partnership is working to streamline the eligibility process to support continuity of care and prevent interruption in work or training schedules for families.
- State//Territory community agencies serving refugee or immigrant families. OSSE partners with several community agencies that support newcomers in accessing child care. Additionally, child care resource and referral services personnel are bilingual and several of OSSE's Level II providers serve the immigrant and refugee community directly.
- Provider groups and associations. OSSE partners with provider groups to expand care, support continuity of care, and develop a supply of high quality care.
- Worker Organizations. Describe
- Other. Describe \_\_\_\_\_

### 1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii)) Combining funds could include blending multiple

funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high 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 county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits ([https://www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2014](https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014)), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) 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 the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes. If yes, describe at a minimum:

- How do you define “combine”: Layered Funding
- Which funds will you combine: Locally Appropriated Funds, Office of Head Start and CCDF Funds
- Goal(s) of combining funds (why?) and expected outcomes, 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 Funds are combined to support job embedded professional development, linkages to comprehensive services and for the enhancement and alignment of quality services.
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) Funds will be combined at the program and state level through grants to sub-recipient organizations and contracts.
- How are the funds tracked and method of oversight OSSE uses an electronic grants management system (EGMS) to track all grant funds and expenditures. Additionally, on-site reviews are conducted to review compliance and eligibility. All sub-recipients are required to submit A-133 audits and/or financial statements on an annual basis. The OSSE Director of Operations and Management in the Division of Early Learning establishes the spend plans and tracks and monitors

all expenditures. The DC Office of Contracts and Procurement oversees all contracts for OSSE.

No

## 1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (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 reauthorization.

- 1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

Through the Early Head Start Child Care Partnership grant, OSSE established the Quality Improvement Network (QIN), a public private partnership with three neighborhood based “hubs” that provide quality services and supports 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. QIN agencies set goals that promote: Family Well-Being; Positive Parent-Child Relationships; Families as Lifelong Educators; Families as Learners; Family Engagement in Transitions; Family Connections to Peers and Community; and Families as Advocates and Leaders.

OSSE is leveraging resources from District agencies to accomplish efficiencies and improve effectiveness and system coordination. To this end OSSE has established the QIN Interagency Steering Committee comprised of the following city agencies: Department of Health, Department of Behavioral Health, Health Care Financing, Child and Family Services Agency and the Department of Human Services. The Interagency Steering Committee meets monthly to discuss specific areas of coordination and supports for the child care partners and the families and children they serve. Through this committee the agencies provide professional development and technical assistance in their specific areas of expertise to leverage existing programs that can support families in achieving their goals in areas such as employment training, economic self-sufficiency, mental health and substance abuse treatment.

With the support of private philanthropy, OSSE will conduct a comprehensive implementation and impact evaluation of the QIN as it pertains to children, families, teachers and administrators. The evaluation will explore how the EHS-CC partnership is implemented, the effectiveness of strategies and resulting outcomes. This documentation at multiple levels of the intervention, focusing on the quality of the child care classrooms; the level of broader service delivery, focusing on the ancillary services all families receive; and the level of the participant, focusing on child, family and staff experiences will assess the effectiveness of the services provided from multiple perspectives.

A local foundation has committed \$10 million to support the enhancement and improvement of infant and toddler care in the District of Columbia over the next five years. A portion of this funding will support a *shared services platform* for all DC child development providers, provide funding to build the supply of quality infant and toddler care in the highest need areas of the city wards 7 and 8 and support two fellows at OSSE that will focus on early childhood data and policy initiatives.

Another group of philanthropists are supporting DC and the surrounding counties in Maryland and Virginia in developing a Regional Early Care and Education Workforce Implementation Network to participate in the National Implementation Network focused on implementing the recommendations of the Institute of Medicine and National Research Council of the National Academies, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*.

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

States and Territories may use funds to establish or support a system of local or regional child care resource and referral 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 (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds.

(658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities

- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- 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/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

No. The State/Territory does not fund a CCR&R system and has no plans to establish.

Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes.

Describe the State/Territory's written agreement or contract with the CCR&R and what services are provided through the CCR&R as a result.

The Office of the State Superintendent of Education (OSSE), Division of Early Learning contracts with a local organization to provide Child Care Resource and Referral (CCR&R) services. The CCR&R helps families identify and select child care, provides information about the quality of licensed early childhood programs and develops resources to help families understand program quality. It supports families who need child care resources via telephone and through an on-line searchable database. The CCR&R also provides materials and supports to child development providers. 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 centers in obtaining early childhood degrees. OSSE's Part C program provides consultation and technical assistance as needed to child development facilities. By September 2017, OSSE will develop a CCR&R network of public and private agencies that work collaboratively to deliver high quality services and supports to families seeking child care including parent education and outreach and resources and supports for child development providers including scholarship funding, professional development and technical assistance.

**1.8 Disaster Preparedness and Response Plan**

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council or other state-designated cross-agency body if no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan \_\_\_\_\_
- Not implemented.** The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
  - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Not yet started
    - Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster
    - Requirements that child care providers have in place procedures for lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
  - Current Status – Describe the State/Territory's status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)  
The status of this work is partially completed. Below are areas we have met:

- Requirements that child care providers have in place procedures for evacuation, relocation, and shelter-in-place
- Requirements that child care providers have in place procedures for staff and volunteer emergency preparedness training and practice drills.
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

To avoid disruption after a disaster, OSSE recognizes the need to establish an emergency preparedness program to ensure an efficient and effective response to disaster and emergency incidents. This program must account for the complexity of issues and decisions that must be made by OSSE after a disaster, including continuity of operations (COOP). Furthermore, OSSE is responsible for providing guidance and licensing requirements to child care providers so that they can better prepare for, respond to, and recover from disasters. This is executed through the integration of plans, training, exercises, information sharing, and program management.

The implementation strategy will help OSSE create a comprehensive and effective approach to emergency management and provide the context for which management, policy, and funding decisions relevant to preparedness can be made.

#### Tasks/Activities

- Develop and approve a project work plan, including goals, objectives, milestones, and key dates
- Conduct a review of existing policies, plans, and procedures related to emergency preparedness and response for child care providers
- Develop emergency preparedness and response policies and update licensing regulations and subsidy agreements for child care providers and submit for approval
- Conduct a series of workshops to develop the Districtwide Child Care Disaster Plan and submit for approval
- Develop and provide technical assistance, tools and guidance for child care providers to use in developing or updating on site emergency management plans consistent with policies
- Develop a website that functions as a hub of information, resources, training, and services for child care provider emergency operations planning.
- **Projected start date for each activity**

- Develop and approve a project work plan, including goals, objectives, milestones, and key dates – January-Feb 2016
- Conduct a review of existing policies, plans, and procedures related to emergency preparedness and responses for child care providers March 2016.
- Develop emergency preparedness and response policies and update licensing regulations and subsidy agreements for child care providers and submit for approval – March 2016.
- Develop and provide technical assistance, tools and guidance for child care providers to use to develop their own emergency management plans –May 2016
- Develop a website that functions as a hub of information, resources, training, and services for child care provider emergency operations planning – August 2016.
- Conduct a series of workshops to develop the Districtwide Child Care Disaster Plan and submit for approval – August 2016.
- **Projected end date for each activity**
  - Develop and approve a project work plan, including goals, objectives, milestones, and key dates – February 2016.
  - Conduct a review of existing policies, plans, and procedures related to emergency preparedness and response for child care providers –April 2016.
  - Develop emergency preparedness and response policies and update licensing regulations and subsidy agreements for child care providers and submit for approval – April 2016.
  - Develop and provide technical assistance, tools and guidance for child care providers to use to develop their own emergency management plans – July 2016.
  - Conduct a series of workshops to develop the Districtwide Child Care Disaster Plan and submit for approval August 2016.

Agency – Who is responsible for completion of this activity OSSE

Partners – Who is the responsible agency partnering with the State/Territory lead agency to complete this activity

OSSE will coordinate with other District Departments and agencies including the Office of the Mayor; the Office of Homeland Security and Emergency Management.

## **2 Promote Family Engagement through Outreach and Consumer Education**

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage

and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
  - a) the availability of child care assistance,
  - b) the quality of child care providers (if available),
  - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify.
  - d) Individuals with Disabilities Education Act (IDEA) programs and services,
  - e) Research and best practices in child development, and
  - f) State/Territory policies regarding social- and emotional-development, including preschool expulsion policies for children 0-5.
  
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
  - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
  - b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse.
  - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

## 2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

### 2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

OSSE identifies areas in which potentially eligible families are likely to live through a variety of public and private entities, early learning professionals and contractors in the field whose research reflects local interests and needs. One primary source of information is DC Kids Count, which provides a comprehensive view of DC and identifies Ward-specific demographic information. Through partnership with DOH, DHS, and CFSA, OSSE identifies vulnerable populations and families eligible for SNAP, WIC and TANF. OSSE utilizes the local Head Start grantees community needs assessments, Part C data and data on homelessness provided by The Community Partnership for the Prevention of Homelessness.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

OSSE partners with multiple organizations that offer comprehensive assistance and services, including: housing, legal and employment services; food banks; employment counseling; immigrant and refugee services and organizations that work to keep vulnerable and high-need families safe, sheltered, healthy and fed. The local child care resource and referral agency (CCR&R), provides consumer education to families applying for CCDF assistance. Additionally, the CCR&R provides parents with profiles of child care programs including licensing history, location, quality rating information and a description of the different care options available. These options also include the availability of services for children with special needs, English language learners, services for infants and toddlers, and homeless families. Outreach is available on a public website, and informational brochures are distributed to parents. In addition, the CCR&R shares program information with families through walk-in consultations and telephone referrals.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?)

OSSE uses a combination of print, electronic, and digital media to increase the community's awareness of subsidized child care opportunities in the District. In addition, OSSE partners with community-based organizations to co-sponsor community events such as EdFest, Let's Move, and the District of Columbia's Back to School Event for Homeless Families. CCR&R personnel attend each event to discuss and disseminate information about available resources.

2.1.2 How can parents apply for services? Check all that apply.

- Electronically via online application, mobile app or email. Provide link Provide link
- In-person interview or orientation.*** Describe agencies where these may occur: Parents can visit one of two DC Child Care Services sites administered by the Department of Human Services.
- Phone
- Mail
- At the child care site A Level II Provider is authorized to provide onsite eligibility for children enrolled in its program.
- At a child care resource and referral agency
- Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe \_\_\_\_\_
- Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe \_\_\_\_\_
- Other strategies. Foster Care Families may apply for child care assistance through the District's foster care referral process. OSSE is exploring with our McKinney Vento and DHS partners the feasibility of providing this same option for families experiencing homelessness.

## 2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care

Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP) for which families may also qualify.

- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including social and emotional development, early childhood development, meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity), and
- State/Territory policies regarding the social-emotional behavioral health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving child care assistance (CCDF).

Yes. The State/Territory certifies that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.8 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for completion of this activity:
  - Partners – Who is the responsible agency partnering with to complete this activity

2.2.2 Describe how the State/Territory makes information about the availability of the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed, reflect the literacy levels of consumers, and are easy to locate

- a) Describe how the State/Territory makes information about the full diversity of child care services available to parents of eligible children, providers and the general public.

The CCR&R publicizes information about child care choices in a consumer friendly and culturally responsive manner. Families can access information online, by phone or walk in as needed. The resource and referral program also reaches diverse families using a mobile service delivery approach. Parents, providers and the general public can access web-based information on the availability of diverse child care services (including facility and service type), the availability of child care assistance, quality rating information of child care providers, research and best practices in child development including social and emotional development, early childhood development, meaningful parent and family engagement, and healthy physical development, health and nutrition, and Individuals with Disabilities Education Act (IDEA) programs and services.

The District of Columbia offers oral translation services to individuals who seek to access or participate in the services, programs or activities and written translation services of vital documents (applications, notices, complaint forms, legal contracts, and outreach materials that inform individuals about their rights or eligibility requirements for benefits and participation) in the following languages: Amharic, Spanish Chinese, French, Vietnamese, and Korean. OSSE contracts with various companies and utilizes Language Access, an online translation service, for translation and support services.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Written materials explaining how to access child care resources are provided to parents and consumers through many public entities, including libraries, parent information meetings, networking events, advisory meetings, school and medical waiting areas, community-based organizations, provider meetings and professional development events that OSSE sponsors to educate consumers about child development and family resources.

DC Common Core Early Learning Standards Parent Guides are booklets and web-based materials, written in a family friendly format, that explain developmental stages and clarify how the indicators within the standards are implemented to enhance child development and learning experiences for children birth through exit from Kindergarten.

Child development guidance and informational materials which explain the Child Find process of referral to special education programs for children, are disseminated widely including to child development center-based programs, hospitals, schools, parent resource centers, community-based organizations, public service agencies and information centers throughout the District.

- c) Describe who you partner with to make information about the full diversity of child care choices available.

OSSE partners with the Department of Human Services, the CCR&R, child development facilities, DC Public libraries, schools, hospitals, clinics and other community based organizations that engage with and support families.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to parents of eligible children, providers and the general public.

OSSE uses a Quality Rating System, "Going for the Gold," to support and encourage quality in all aspects of a child care program. Through the resource and referral agency and a web-based platform, OSSE is able to inform families, providers and the general public about the quality ratings for providers in the subsidy child care program

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

The CCR&R provides written reports with a profile of each center that met the criteria the parent selected. Criteria includes Ward, whether the program accepts a child care subsidy, the provider's quality rating, hours of operation and other pertinent information to the search. The reports can be downloaded, printed and mailed to the parent. The information is also provided via telephone or email.

- c) Describe who you partner with to make information about child care quality available

OSSE partners with public and private agencies to make information about quality available to parents and the general public. Partners include: the CCR&R agency; the Department of Human Services, Child and Family Services Agency, and the Department of Health.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description ***how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.***

- a) Temporary Assistance for Needy Families (TANF) OSSE partners with the Department of Human Services to provide information for eligible families regarding TANF benefits.

Families can obtain eligibility information from the District’s website and during in-person interviews at community service centers

- b) Head Start and Early Head Start Programs: OSSE shares information with the DC Head Start Association and the Early Head Start Child Care Partnership, Quality Improvement Network (QIN) on opportunities for parent involvement and engagement in their child’s education and development.
- c) Low Income Home Energy Assistance Program (LIHEAP) OSSE and public agency partners refer families to information regarding energy assistance through the District website. Eligibility and enrollment information is posted. Applications are submitted in person by scheduled appointment.
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) OSSE partners with the Department of Human Services to provide information to eligible families regarding SNAP. Families obtain eligibility information from the District website and during in-person interviews at community service centers. Families may apply for child care and SNAP at the same appointment. TANF, SNAP and Medicaid have joint applications.
- e) Women, Infants, and Children Program (WIC) OSSE and its partners refer families who are eligible for WIC to the Department of Health and its website for eligibility and application information. Families may apply for WIC and child care at the same appointment. Additionally, through the “Adopt a Daycare Center” program, supported by WIC administrative funding, each WIC clinic “adopts” early learning facilities and WIC clinic staff attend parent meetings and other parent engagement events at the facilities, to meet parents where they are and share relevant information and resources. OSSE promotes family resource areas at child care facilities as a best practice. WIC staff provide materials that can be shared through these existing resource areas, alongside other relevant information for families. This promotes an integrated approach to consumer education.
- f) Child and Adult Care Food Program (CACFP) OSSE is the lead agency for CACFP. Information on provider meal reimbursements, nutrition and wellness, and the District’s free summer meal programs is shared via the OSSE website, community meetings, training events and printed materials.
- g) Medicaid OSSE and its partners refer families to the District’s Department of Health Care Finance and its website for Medicaid eligibility and application information. Potentially eligible families may apply on site at one of five Community Service Centers. Also, families may apply for Medicaid and child care at the same appointment.
- h) Children's Health Insurance Program (CHIP) OSSE and its partners refer families to the Department of Health Care Finance and its website for CHIP eligibility and application information. Families may apply online, by telephone, and in person at one of the Community Service Centers.

- i) Individuals with Disabilities Education Act (IDEA) – OSSE is the Lead Agency for IDEA Part C Early Intervention. Information is shared with families via the OSSE website, community meetings, training events and print materials. Information is also shared proactively with parent advocacy groups.
  - j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) OSSE is the lead agency for the Pre-Kindergarten programs funded by the District of Columbia. OSSE and its government partners share information through print materials, direct communication via telephone and email, and on-site at the more than twenty community-based organizations’ Pre-Kindergarten programs.
  - k) Other early childhood programs (e.g. Maternal, Infant, and Early Childhood Home Visiting program) OSSE is a member of the District’s Home Visiting Council and shares information and resources for parents through this network.
- 2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?
- a) Temporary Assistance for Needy Families (TANF) OSSE meets twice a month with our partners at DHS to problem solve issues and share updates on collaboration. The administrator for the Economic Securities Administration at DHS is a member of the Interagency Steering Committee.
  - b) Head Start and Early Head Start Programs OSSE meets regularly with the DC Head Start Association, Head Start grantees are part of the Interagency District Steering Committee and the SECDCC.
  - c) Low Income Home Energy Assistance Program (LIHEAP) DHS administers this program and is a member of the SECDCC and the Interagency District Steering Committee.
  - d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) DOH administers this program and is a member of the SECDCC and the Interagency District Steering Committee.
  - e) Women, Infants, and Children Program (WIC) OSSE and WIC collaborate regularly to support efforts to promote health and wellness among the Districts young children and their families. DOH administers WIC and is a member of the SECDCC and the Interagency District Steering Committee.
  - f) Child and Adult Care Food Program(CACFP) OSSE administers the CACFP program and the Division of Early Learning and the Division of Health and Wellness, that administers CACFP, meet twice a month to share resources and provide updates on collaboration and quality efforts.

- g) Medicaid OSSE meets regularly with our partners at DCHCF to share and exchange information. These opportunities include the Part C Interagency Coordinating Council meetings, Interagency District Steering Committee meetings, and the SECDCC.
- h) Children's Health Insurance Program (CHIP)
- i) Individuals with Disabilities Education Act (IDEA) OSSE meets monthly with Part C providers and a listserv is used to share resources and information. A Part C provider is also a member of the SECDCC. The Program manager for Part C is a member of the Interagency District Steering Committee.
- j) Other State/Federally Funded Child Care Programs (example-State Pre-K) OSSE meets monthly with the community based pre-K programs to share resources and exchange information. The DC Public Charter School Board (PCSB) and DC Public Schools both have representation on the SECDCC and the OSSE child care administrator meets monthly with the early childhood leadership at PCSB and DCPS to share information and provide updates.
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) OSSE is a member of the District's Home Visiting Council and shares information and resources with providers through this network. Information is shared at meetings and through e-mail.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

- a) Describe how the State/Territory makes information about research and best practices in child development available to parents of eligible children, providers and the general public

Through the Learn DC website, OSSE delivers information about research and best practices in child development (including social and emotional development, early childhood development.) Additionally, OSSE develops print and electronic information that is shared with parents and the general public at community events and on-line. 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 catalog on a monthly basis.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Website: Examples of information available on LearnDC, OSSE’s website include:

- Early Childhood family support resources
  - Child safety
  - Parenting and family activities
  - Economic support
- Prenatal and early childhood literacy resources;
  - Tips for parents on how to sing, talk and read to their children (starting from pregnancy to age 8)
- Early childhood health services: initiatives and programs available in DC to promote and improve the health of infants, young children and their families.
  - Health care coverage
  - Vaccines
  - Dental health
  - Physical health and fitness
  - Mental health and development
  - Nutrition and
  - Lead free and healthy homes
- Strong Start DC Early Intervention Program (DC EIP) information for families
  - Overview of DC Early Intervention Program
  - Central Directory - the Strong Start central directory provides information on public and private early intervention services, resources and experts available in the District; research and demonstration projects being conducted in the District; and professional and other groups that provide assistance to Part C eligible children and their families.
  - Developmental milestones and resources - including developmental charts and the Ages and Stages questionnaire
  - IDEA Part C procedural safeguards
- Strong Start (DC EIP) Information for providers, external organizations and stakeholders
  - DC EIP’s public awareness toolkit is designed to help organizations and stakeholders reach parents, grandparents, caregivers and healthcare providers with relevant information about Strong Start (DC EIP). It offers a collection of colorful, easy-to-understand, re-useable materials and outreach tips. It provides clear, consistent messages that help stakeholders promote the program. Because the materials are not copy written, individuals and organizations can make and distribute as many copies as needed. The Strong Start Kit includes: Fact Sheet, Road Map (describes the early intervention process), Outreach Tips, Print PSAs/Flyers; Infant and Toddler Developmental Chart; and Banner Ad.

Printed Materials/ Brochures:

- A Parent's Guide to Early Learning: The guide includes information on the importance of high quality early learning programs, what early literacy means, and information for pregnant women, developmental milestones for children birth to 5 years of age, and information on the child care subsidy program.
- Parent Guide to the pre-K Common Core Early Learning Standards: The guide includes various skills and knowledge that children learn in Kindergarten across each domain of school readiness, along with activities that families can do to reinforce classroom lessons. The guide also includes recommended books that are appropriate for pre-K age children and are available in our local libraries. OSSE is developing a Common Core guide for children from birth to age three.

Events: Each year the District sponsors community events that bring neighborhoods and DC families together to share information about child development, teaching and learning, school readiness, social interaction, and nutrition and wellness.

- OSSE - Strong Start Developmental Playgroups: A team of early intervention professionals with extensive experience and understanding of infants and toddlers facilitate Strong Start Playgroups for children between 6 months and 3 years of age, along with their families. Playgroup sessions include songs, stories, free play, and multisensory activities geared toward children's developmental levels. Interactions between caregivers and children are an essential part of the program, and caregivers are asked to remain for the duration of each group. Playgroups occur weekly and offer developmental activities to promote social interactions and growth across all developmental domains.
  - OSSE celebrates Month of the Young Child each April. The official kick off begins with a Read Across DC event. The event promotes and highlights the importance of reading aloud to help young children acquire early language skills, develop positive associations with books and reading, and build a stronger foundation for school success. This annual event connects policymakers and community volunteers to early learning centers around the District.
  - OSSE sponsors Let's Move DC! To raise the awareness of parents and child care providers about the foundations of healthy living and inspiring children and their families to eat healthy foods and enjoy at least 60 minutes of physical activity per day. Over 30 different community-based and government organizations participate through interactive sports exhibitions, healthy food demonstrations, music, dance, children's story reading, entertainment, and prize giveaways. Over the course of one day, teachers, children and families learn new skills and leave with excellent information about health and wellness.
- c) Describe who you partner with to make information about research and best practices in child development available

OSSE partners with the SECDCC, the Quality Improvement Network Hubs, DC Public libraries, the home visiting council, the CCR&R and provider and advocacy groups to make information about research and best practices available to parents, the general public and providers.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

- i. Parents OSSE supports mental health consultation, play groups and early intervention services and support for families and through a partnership with the Department of Behavioral Health families have access to mental health consultation through their child care program or school. OSSE provides parents with DC Common Core Early Learning Standards guidelines, which are printed within Parent Guides for families of Infants, toddlers and pre-K children. The written guides are available and distributed at fairs, festivals, events, school guidance centers and referral agencies that serve young children.
- ii. Providers OSSE's Division of Early Learning offers monthly Infant, Toddler and pre-Kindergarten training modules to the early learning workforce on the social and emotional foundations of early learning. The Center for Social Emotional Foundations of Early Learning is an evidence-based pyramid approach with training modules for infant/toddler and preschool/pre-K professionals. The content provides professional development that addresses typical, atypical and significant and challenging behaviors in young children. The transfer of knowledge from trained teacher to parent is recognized in the family engagement strategies and activities implemented at the center.
- iii. General public OSSE provides information at fairs, festivals, events, school guidance centers and referral agencies that serve young children. OSSE also makes information available through our partner agencies. Information is available through the LearnDC website.

Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

b) OSSE partners with the Department of Behavioral Health on the Healthy Futures and Primary Project. Trained consultants visit child development centers and provide mental health consultation and coaching for children, families and teachers. OSSE also partners with the Department of Health and the Home Visiting Council. The Quality Improvement Network hubs make information regarding social-emotional health available to child care partners.

c) Does the State have a written policy regarding preventing expulsion of:

- Preschool children (from birth to five) in early childhood programs receiving child care assistance?

**Yes.** If yes, describe and provide a link On May 6, 2015, the District of Columbia approved the Pre-K Student Discipline Amendment Act of 2015. 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 3 days for any individual incident. It establishes annual reporting requirements for each local education agency on suspensions and expulsions data for all grades.

<http://lms.dccouncil.us/Download/33194/B21-0001-SignedAct.pdf>

No.

- School-age children from programs receiving child care assistance

Yes. If yes, describe and provide a link \_\_\_\_\_

No.

#### 2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) 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.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

- Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency policy citation(s) <http://osse.dc.gov/service/strong-start-dc-early-intervention-program-dc-eip-child-find>.
- a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened. The Department of Health Care Finance is the state agency for the District of Columbia 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. The District of Columbia’s Early Intervention Program (DC EIP), administered through OSSE, is the single point of entry for infants and toddlers whose families or others have concerns about their development. OSSE’s DC EIP provides services through program staff and approved contractors.

DC EIP Process (children under 2 years, 10.5 months)

Step 1: Referral

- Parent or other referral source suspects child may have developmental delay or disability
- The DC EIP program contacts parent, provides information, and assigns Initial Service Coordinator (ISC)
- ISC provides information about DC EIP, informs family of their rights, and refers family to an evaluation site
- Parental consent is obtained to share referral with the managed care organization (MCO)

Step 2: Determine eligibility

- Determine eligibility using the Battelle Developmental Inventory, Bayley Developmental Inventory, or approximately 20 other tools
- Eligibility: 25% delay in 2 or more areas, 50% delay in one or more areas or diagnosed condition
- Conduct optional family assessment plan, and gather information for Individualized Family Services Plan (IFSP)

Step 3: Planning Meeting

- If child is eligible, family identifies desired outcomes, IFSP team specifies early intervention services and develops written plan

- Family meets Dedicated Service Coordinator (DSC)
- If child is ineligible:
- Family receives a thorough explanation of the evaluation results and reasons for ineligibility
- Provide family with strategies and access to other therapy through their insurer or other community resources

Step 4: Implement Services

- Assistive technology devices and services
- Audiology
- Vision services
- Family training, counseling, home visits, and parent support groups
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Health services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech-language pathology
- Transportation and related costs

For children three to five 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 has been 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 IEP is developed and the child receives an appropriate placement in a DC Public School. If the child is enrolled in a DCPS or public charter school, a referral is made to the Special Education Coordinator who arranges for the child to receive an evaluation and eligibility determination.

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: <http://osse.dc.gov/publication/child-find-brochure>

b) Describe how CCDF families or child care providers receiving CCDF may utilize the 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.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
\_\_\_\_\_
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented \_\_\_\_\_
- Current Status – Describe the State/Territory's status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for completion of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete this activity \_\_\_\_\_

2.2.9. Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint  
A substantiated parental complaint is defined as a situation or incident that has been identified and verified as unsatisfactory or unacceptable

based on current child development facility regulations and/or provider subsidy agreement contracts. Parental complaints are determined to be substantiated through OSSE's complaints and investigations team.

- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format). OSSE maintains a record of all complaints (both substantiated and unsubstantiated) about providers. These complaints are stored in the current licensing database system.
- c) How does the State/Territory make substantiated parental complaints available to the public on request? OSSE maintains a record of all complaints (substantiated and unsubstantiated) about providers. Substantiated complaints are filed by date and made available to the public via the Freedom of Information Act request procedure.
- d) Describe how the State/Territory defines and maintains complaints from others about providers. OSSE maintains a record of all complaints (substantiated and unsubstantiated) about providers. Substantiated complaints are filed by date and records are maintained for a period of three years.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families with limited English proficiency?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual Outreach Workers CCR&R Bilingual
- Partnerships with community-based organizations
- Other: The Lead Agency has access to a language line to assist OSSE staff with communication in various languages.
- None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and

secondary languages:

The District of Columbia offers oral translation services to individuals who seek to access or participate in the services, programs or activities and written translation services of vital documents (applications, notices, complaint forms, legal contracts, and outreach materials that inform individuals about their rights or eligibility requirements for benefits and participation) in the following languages: Amharic, Spanish Chinese, French, Vietnamese, and Korean. OSSE contracts with various companies and utilizes Language Access, an online translation service, for translation and support services.

### 2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse.

The State/Territory must make public certain information about the results of such monitoring on a website in a way that is consumer-friendly and in an easily accessible format.

(658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

#### 2.3.1 Describe the status of State/Territory's consumer education website.

- Fully implemented and meeting all Federal requirements outlined above. Provide the link to the website [redacted] and describe how the consumer education website meets the requirements to:
  - a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations) [redacted]
  - b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers [redacted]
  - c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers [redacted]
  - d) Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings [redacted]
  - e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, providing frequently asked questions, differentiating

between violations based on risk to children, and easy to locate and navigate

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) September 2016 for all components of the website.
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
  - Provide aggregate information on the number of deaths, serious injuries and child abuse required of all licensed child care providers.
  - Publish child care provider profile information on a consumer education and consumer-friendly website. Encourage transparency about the providers and child care programs and current license and quality rating.
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) Not yet started
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Identify the organizations and offices that require partnerships for collecting data.
  - Develop data sharing agreements as needed.
  - Initiate the reporting process in order to collect data required for reporting.
  - Create an internal data system for collecting the data points
  - Post monitoring results.
  
  - **Projected start date for each activity**
    - Identify the organizations and offices that require partnerships for collecting data - February 2016.
    - Develop data sharing agreements as needed – March 2016.

- Initiate the reporting process in order to collect data required for reporting - April 2016.
- Create an internal data system for collecting the data points - April 2016.
- Post monitoring results November 2016.

**Projected end date for each activity**

- Identify the organizations and offices that require partnerships for collecting data March 2016.
- Develop data sharing agreements as needed – May 2016.
- Initiate the reporting process in order to collect data required for reporting – August 2016.
- Create an internal data system for collecting the data points –August 2016.
- Post monitoring results – November 2016.

Agency – Who is responsible for completion of this activity OSSE

Partners – Who is the responsible agency partnering with to complete this activity OSSE’s Chief Technology Officer, Metropolitan Police Department, Department of Health, Child and Family Service Administration and the Child Fatality Review Committee.

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

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish 12-month eligibility and redetermination periods, requiring that States and Territories have 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 job search of not less than three (3) months, and

to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required.

### 3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 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 such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

#### 3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from six weeks (weeks/months/years) to 12 years (through age 12).

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))

**Yes, and the upper age is 13 years to 19 years** (may not equal or exceed age 19).  
Provide the Lead Agency definition of physical or mental incapacity – This group of applicants includes families with a child (or children) who have a disability or special health care need, and who is up to age 18 years and 11 months. These are children who do not function according to age-appropriate expectations in one or more of the following areas of development: social/emotional, cognitive, communication, perceptual-motor, physical or behavioral development, or who have chronic health care needs.

No.

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

Yes, and the upper age is \_\_\_\_\_ (may not equal or exceed age 19)

No.

#### 3.1.2 How does the Lead Agency define the following eligibility terms?

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

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

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define “working” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

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

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility at the point of determination? Provide a brief description below.

- attending job training or educational program – An individual who participates in a documented training program at least 20 hours per week; or an educational activity leads to a GED or high school diploma, higher education, or other approved training program.
- In partnership with the DC Department of Human Services TANF program, OSSE is currently exploring efforts to expand child care access to TANF recipients who have children under the age of five.
- An individual participating in the District’s ReEngagement Center for disconnected youth.
- OSSE partners with the Workforce Interagency Council to ensure alignment with job seekers and remove child care as a barrier for families seeking employment.

No.

c) 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)?

Yes. If yes, describe requirements An individual may participate in a documented training program at least 20 hours per week; an educational activity that leads to a GED or high school diploma, or other approved training program with additional minimum work requirements. It is anticipated that these activities will lead to sustainable employment.

No.

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

Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services – Protective services refers to children involved in the DC child welfare system, including children in the care of foster parents (including kinship families), children placed in protective supervision with their birth parents and children of teen parents who are in foster care. All of the aforementioned individuals involved in the lives of children in the child welfare system share the need for quality child care to secure the necessary care and support for the child while they are working and/or pursuing job training or further education and to promote the child’s overall positive development (The District does not use CCDF funds for respite care for children in protective services).

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

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

### 3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination? Provide the Lead Agency’s definition of “income” for purposes of eligibility determination.

- Definition of income – For the purpose of eligibility, the District of Columbia defines “income” as participants entering the program having an income equal to or less than 250% of the Federal Poverty Level (FPL) guidelines for their family size and exit the program when income reaches 300% of FPL. Countable income is the portion of the annual gross income of the family unit that is considered in computing the copayment.

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	\$7,007	\$5,957	\$2,454	35%	\$2,943	42%
2	\$7,600	\$6,460	\$3,319	44%	\$3,983	52%
3	\$6,087	\$5,174	\$4,185	69%	\$5,023	83%
4	\$7,025	\$5,971	\$5,052	72%		
5	\$7,745	\$6,583	\$5,919	76%		

**Reminder** - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm> .

c) SMI Source [U.S. Census Bureau, American Community Survey Single Year Estimates 2014: Median Family Income by Family Size.](#)

d) These eligibility limits in column (c) became or will become effective on: October 1, 2016

e) Provide the link to the income eligibility limits:

[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_1YR\\_B191\\_19&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B191_19&prodType=table)

### 3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Pending additional guidance from ACF, this could be achieved through policies such as establishing a second income eligibility threshold at re-determination (e.g., establishing a different entry and exit level income eligibility threshold) or by granting a sustained period of continued assistance to the family before termination. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)). This might be achieved

through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called an “exit threshold”) or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory’s policy regarding graduated phase-out of assistance.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency’s policy citation(s) and describe the policies and procedures for graduated phase-out: The Lead Agency gradual phase out is as follows:

- Entry Level: The child care subsidy income sliding fee scale is based upon the 2014 HHS Poverty Guidelines and the 2014 DC State Family Median Income. The fee scale incorporates 85 percent of the state median income as constrained by up to 300% of the federal poverty guideline.
- The family remains eligible for 12 months. Exit Level: The exit level is set at the point where income equals 85 percent of the state median income (SMI) as constrained by 300% of the federal poverty level. Where 85 percent of SMI exceeds 300% of the FPL, the income exceeds the maximum eligibility level and the family must exit.

Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Status – Describe the State’s status toward completion (such as not yet started, in progress, partially completed, substantially completed, other)
- Unmet Requirement(s) – Identify the requirement(s) that you plan to complete \_\_\_\_\_
- Tasks/Activities – What steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for completion of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete this activity \_\_\_\_\_

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory’s (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory’s policy related to the fluctuation in earnings requirement.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement : OSSE’s child care eligibility policies will be updated by March 1, 2016 to address the eligibility and income requirements for parents engaged in seasonal work or other types of work that have irregular earnings over the course of a year.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for completion of this activity
  - Partners – Who is the responsible agency partnering with to complete this activity

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Applicant identity. A valid State issued Identification

Applicant's relationship to the child. Applicants' relationship may be determined by providing one of the following:

- 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 with 30 days of the date of application
- Adoption papers with a finalization date, issued by a court
- A referral for child care services from an authorized District of Columbia government agency or its vendor that verifies relationship has been established

Child's information for determining eligibility (e.g., identity, age, etc)

The child information for determining eligibility maybe determined by providing one of the following:

- 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 with 30 days of the date of application
- Adoption papers with a finalization date, issued by a court
- District of Columbia Universal Health Certificate signed by a health care professional

Work, Job Training or Educational Program.

- This group of applicants are working parents/guardians gainfully employed or in a valid qualifying activity for a minimum of 20 hours per week. Two parent/guardian households must have both parents/guardians working. The timeframe that child care is requested and the parent/guardian work schedule must match. Acceptable documentation for verification:
- Two most recent consecutive pay statements (original statements) verifying employment including the name of the employee, social security 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, 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. Acceptable signers of the letters include:
  - 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;
  - Confirmation of work experience program from the DC Public School Office or Work Opportunities.
- Self-Employment Records-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
  - Work schedules
- School registration records
- ☒ Family Income. Gross salaries or wages of one or both parents, net income from self-employment, Social Security, veteran’s benefits, child’s income, such as social security, child support, unemployment benefits, worker’s compensation, alimony-court documents. Acceptable documents include:
  - Pay stubs
  - Income tax records
  - Child support enforcement records
- Other: Although there is no fee attached, customers are required to identify their source of income which includes, but is not limited to, TANF, disability, and Veteran’s Social Security Survivor Benefits.
- ☒ Household composition. Describe The household composition should be identified by the customer on the Child Care Application to show relationship which includes spouse/other parent and dependent children
- ☒ Applicant residence. Describe The applicant provides two of the following: a state-issued identification card; a utility bill in the applicant name; a lease agreement in the applicant’s name; or a notarized letter from the person with whom the applicant lives; and

two of the following from the person with whom the applicant resides: a state-issued identification card, a utility bill, or a lease agreement

Other. Describe \_\_\_\_\_

**Reminder** – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01> ).

3.1.8 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 30 calendar days from the date of the initial application

Track and monitor the eligibility determination process

Other. Describe The lead agency will monitor a random selection of 25% of all eligibility records from the Department of Human Services, Child Care Services Division. The lead agency will also monitor 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% (randomly selected) will be reviewed;

More than 100 family case records – 30% (randomly selected) will be reviewed.

None

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

Per CCDF regulations, 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 under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/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:

State/Territory TANF Agency the District of Columbia's Department of Human Services, Economic Security Administration

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 system, which includes all categories of care (infants, preschoolers, school-age), in all wards.

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

- In writing
- Verbally
- Other: \_\_\_\_\_

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

- Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

### 3.2 Increasing Access for Vulnerable Children and Families

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

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

- Provide definition of "Children with special needs" and describe how services are prioritized for this special population the lead agency works expeditiously to assist families with locating child care. Children who have a disability or special health care need, and who are under nineteen (19) years of age who do not function according to age appropriate expectations in one or more areas of development. The lead agency does not have a waiting list. Should the need arise for a waiting list, the lead agency will give priority to this special population. Additionally, there are no time limits.
- Provide definition of "Families with very low incomes" and describe how services are prioritized for this special population. A family with a very low income is defined as a family of three with an income at or below \$10,045 per year. The lead agency does not

have a waiting list. Should the need arise for a waiting list, the lead agency will give priority to this special population.

- iii. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) The lead agency does not have a waiting list. Should the need arise for a waiting list, the lead agency will give priority to this special population. Additionally, the Lead Agency partners with other District Agencies, such as the DC Department of Human Services, to ensure families receiving TANF, attempting to transition off TANF and those at risk of becoming dependent on TANF are supported. Many services may be accessed at the same points of entry to reduce access burdens to families needing to work and attend training programs.

### 3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will significantly make it easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section.

Describe the status of the State/Territory’s establishment procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

- Fully implemented and meeting all Federal requirements outlined above. Describe the following:
  - a) Procedures to expedite enrollment for homeless children and families, including the grace period to comply with immunization and health and safety requirements \_\_\_\_\_

- b) Procedures to conduct outreach to homeless families to improve access to child care services \_\_\_\_\_
- c) to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services \_\_\_\_\_

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
  - Procedures to expedite enrollment for homeless children and families, including the grace period to comply with immunization and health and safety requirements;
  - Procedures to conduct outreach to homeless families to improve access to child care services; and
  - Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services;
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) In progress
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
- - Revise licensing regulations to include grace period for homeless children and children in foster care;
  - Develop a partnership with the state McKinney/Vento Team at OSSE and the DC Department of Human Services, Virginia Williams Central Intake Office to coordinate child care referrals and services;
  - Train eligibility and community-based organization staff, the resource and referral staff, and Quality Improvement Network staff on how to identify and refer homeless families for services.
- **Projected start date for each activity**
  - Revise licensing regulations to include grace period for homeless children and children in foster care – December 2015.

- Develop a partnership with the McKinney/Vento Team at OSSE and the DC Department of Human Services, Virginia Williams Central Intake Office to coordinate child care referrals and services – February 2016
- Train eligibility and community-based organization staff, the resource and referral staff, and Quality Improvement Network staff on how to identify and refer homeless families for services – March 2016.
  
- **Projected end date for each activity**
  - Revise licensing regulations to include grace period for homeless children and children in foster care – August 2016.
  - Develop a partnership with the state McKinney/Vento Team at OSSE and the DC Department of Human Services, Virginia Williams Central Intake Office to coordinate child care referrals and services – June 2016.
  - Train eligibility and community-based organization staff, the resource and referral staff, and Quality Improvement Network staff on how to identify and refer homeless families for services – August 2016.
- Agency – Who is responsible for completion of this activity OSSE
- Partners – Who is the responsible agency partnering with to complete this activity
  - The District of Columbia’s Department of Human Services
  - The District of Columbia’s Department of Health
  - Child Care Resource and Referral Agency
  - Organizations that provide services and supports to families that are homeless
  - McKinney Vento Liaison
  - Level II Child Development Providers

### 3.3 Protection for Working Parents

#### 3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes 12-month eligibility and redetermination periods for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory 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% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory’s establishment of 12-month eligibility and redetermination periods for CCDF families.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) and describe: The District of Columbia currently has a 12-month eligibility period. OSSE is in the process of revising the eligibility policies, in partnership with DHS, to ensure families in seasonal employment and families experiencing temporary job loss or temporary change in participation in a training or education activity remain eligible for 12-months. OSSE will train DHS eligibility staff and Level II enrollment coordinators on the new policies by March 1, 2016.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for completion of this activity
  - Partners – Who is the responsible agency partnering with to complete this activity

### 3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a

non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.  
(658E(c)(2)(N)(iii))

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the 12 month eligibility and re-determination period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s loss of work or cessation of attendance at a job training or education program?

No, the State/Territory does not allow this option.

Yes, the State/Territory allows this option. List the Lead Agency’s policy citation(s) and provide the period of time and circumstances allowed: The OSSE Child Care Eligibility Manual, Section 300.6 Eligibility Need - outlines the provision for loss of employment and maternity leave for period of not more than three months. The District allows a minimum three-month job search period for reduction in force through no fault of the employee. The District must revise current eligibility process to implement a 12-month continuous eligibility for non-temporary changes in work and training requirements.

### 3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory’s or designated local entity’s requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory’s redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory’s or designated local entity’s requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment: \_\_\_\_\_

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
  - Implementing eligibility determination and re-determination strategies to verify income and employment electronically.
- Current Status – Describe the State/Territory's status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) In progress
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Develop a web-based technology to submit documents directly to child care intake staff;
  - Partners that can complete determination and redetermination on site at child care centers
  - Revise the eligibility manual
  - Train eligibility and community-based staff
  - Increase the number of child care intake staff during high peak hours
  - Extend hours of the intake centers during peak season
  - Projected start date for each activity
    - Use web-based technology to submit documents directly to child care intake staff 10/1/2016
    - Revise the eligibility manual 11/1/2015
    - Train eligibility and community-based staff 3/1/2016
    - Increase the number of child care intake staff during high peak hours 5/1/2016
    - Extend hours of the intake centers during peak season 5/1/2016
  - Projected end date for each activity
    - Use web-based technology to submit documents directly to child care intake staff - 9/30/2016

- Revise the eligibility manual 6/30/2016
- Train eligibility and community-based staff 9/30/2016
- Increase the number of child care intake staff during high peak hours 9/30/16
- Extend hours of the intake centers during peak season 6/30/2016
- Agency – Who is responsible for completion of this activity OSSE and DHS
- Partners – Who is the responsible agency partnering with to complete this activity
  - The District of Columbia’s Department of Human Services,
  - Child Care Partners

**3.4 Family Contribution to Payment**

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size. Note – If the sliding fee scale is not statewide, fill in the chart based on the most populous area of the State. Check here to indicate the sliding fee scale is not statewide.  Describe how many jurisdictions set their own copay \_\_\_\_\_

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest “Entry” Income Level Where Copayment First Applied	What is the monthly copayment for a family of this size upon initial entry into CCDF?	What is the percent of income for (b)?	Highest “Entry” Income Level Before No Longer Eligible	What is the monthly copayment for a family of this size upon initial entry into CCDF?	What is the percent of income for (e)?
1	6,474	11.40	2.1%	2,452	261.60	10.6%
2	8,762	11.40	1.6%	3,319	261.60	7.8%
3	11,050	11.40	1.2%	4,185	261.60	6.2%
4	13,338	11.40	1.0%	5,052	261.60	5.1%
5	15,626	11.40	.88%	5,919	261.60	4.4%

- a) What is the effective date of the sliding fee scale(s)? **October 1, 2016**
- b) Provide the link to the sliding fee scale: The link is the current sliding fee scale that will need to be updated:  
[http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/child\\_care\\_susbsidy\\_program\\_parent\\_fee\\_final\\_rules.pdf](http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/child_care_susbsidy_program_parent_fee_final_rules.pdf)

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

- Fee is a dollar amount and
  - Fee is per child with the same fee for each child
  - Fee is per child and discounted fee for two or more children
  - Fee is per child up to a maximum per family
  - No additional fee charged after certain number of children
  - Fee is per family
- Fee is a percent of income and
  - Fee is per child with the same percentage applied for each child
  - Fee is per child and discounted percentage applied for two or more children
  - Fee is per child up to a maximum per family
  - No additional percentage applied charged after certain number of children
  - Fee is per family
  - Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: \_\_\_\_\_
  - Other. Describe \_\_\_\_\_

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

- Yes, and describe those additional factors using the checkboxes below.
  - Number of hours the child is in care
  - Lower copayments for higher quality of care as defined by the State/Territory
  - Other. Describe other factors. \_\_\_\_\_
- No.

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 (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

- Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is: \$ **10,045**.
- No, the Lead Agency does not waive family contributions/co-payments.

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

Limits the maximum co-payment per family. Describe: Copayments are made only for the first and second oldest child.

Limits combined amount of copayment for all children to 10% or less of family income. Describe: \_\_\_\_\_

Minimizes the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe: Upon initial determination, parents may be eligible based on their family income up to 250% above the federal poverty level. Upon the annual redetermination, parents may be eligible up to 300% of the federal poverty level.

Does not allow providers to charge families the difference between the maximum reimbursement rate and their private pay rate. Describe The State does not allow providers to charge the difference between the maximum reimbursement rate and their private pay rate

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe:

Other. Describe: \_\_\_\_\_

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory’s payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

**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 enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) Parents can select a child care provider from the online child care finder or by reaching out to the Child Care Resource and Referral hotline. Additionally, staff at the Department of Human Services, Child Care Services Division provide information about child care options to families seeking child care admission forms.

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers (658E(c)(2)(A)(i), 658P(2), 658Q))

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- 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 application
- Community outreach, workshops or other in-person activities
- Other. Describe Parents can select a child care provider from the online child care finder or by reaching out to the Child Care Resource and Referral hotline. Information is provided in multiple languages as outlined in DC’s Language Access Act.

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 in order to be paid in the certificate program.

Yes. If yes, **describe** the type(s) of child care services available through grants or contracts, the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.), the process for accessing grants or contracts, the range of providers available through grants or contracts, how rates are set for grants and contracts, how the State/Territory determines which entities to contract with for increasing supply and/or improving quality, and if contracts are offered statewide and/or locally: \_\_\_\_\_

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts for:

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 \_\_\_\_\_

Improve the quality of child care programs with grants or contracts for:

Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs

Programs meeting higher quality standards, such as higher rated QRIS programs or state pre-k programs that meet higher quality standards

Programs to serve children with disabilities or special needs

- 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 \_\_\_\_\_

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access. Parents have unlimited access to their children whenever their children are in the care of a provider. Parents are informed of this policy during the parent application and orientation process. Providers are informed 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. Will the Lead Agency limit the use of in-home care in any way?

- 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 number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe \_\_\_\_\_
  - Restricted based on provider meeting a minimum age requirement. Describe Providers are required to be at least 21 years of age
  - Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe \_\_\_\_\_
  - Restricted to care by relatives. Describe The provider must be related by blood or marriage (aunt, uncle, grandmother, grandfather).
  - Restricted to care for children with special needs or medical condition. Describe \_\_\_\_\_
  - Restricted to in-home providers that meet some basic health and safety requirements. Describe In home provider must complete 12 hours of annual health and safety training annually.

- Other. Describe \_\_\_\_\_
- No

#### 4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval.

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council or other state- or state-designated cross-agency body if no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the MRS or alternative methodology, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014.

- 4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016? –

MRS

Alternative Methodology. Describe OSSE consulted with nationally recognized early childhood finance experts to model 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. The DC QRIS system has three levels of quality: bronze,

silver and gold. All licensed centers are bronze, a child development center or home that seeks national accreditation and completes its self-study is silver and accredited programs are gold. The goals of the alternative methodology work are: 1) identify the fiscal impact of the DC QRIS standards; 2) identify key cost drivers that cut across all QRIS levels; 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.

Both. Describe \_\_\_\_\_

Other. Describe \_\_\_\_\_

4.2.2 Describe how the State consulted with the State Advisory Council or other state- or state-designated cross-agency body if no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology. The State Early Childhood Development Coordinating Council was consulted on the alternative cost estimation methodology at its March and November 2015 meetings.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, 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 models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

The District used a cost modeling approach 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. The District adapted the PCQC by embedding its principles in a set of Excel spreadsheets that are aligned to the District's unique reimbursement rate variations that are based on a range of quality and other funding factors. This cost model allows OSSE to understand the potential impact of rates and other policy changes on these quality and funding variations.

Careful attention was paid to ensuring that the data used to inform cost assumptions in the model accurately reflects provider experience. Consultants carefully reviewed available financial and enrollment data on early childhood programs in the District and, in some cases, conducted targeted surveys to gather specific data (e.g. enrollment data in home-based care.) Group and individual interviews with the sector were also conducted to gather and/or vet information.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by: N/A the District did not use a market rate survey.

- a) Geographic area (e.g., statewide or local markets) N/A
- b) Type of provider
- c) Age of child
- d) Describe any other key variations examined by the market rate survey, such as quality level

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) February 1, 2016.
- b) Date report containing results were made widely available, no less than 30 days after the completion of the report March 1, 2016.
- c) How the report containing results was made widely available including the internet address where the report is posted. The report will be posted on the OSSE website at [www.osse.dc.gov](http://www.osse.dc.gov).

### 4.3 Setting Payment Rates

4.3.4 Provide the base payment rates and percentiles (based on current MRS) for the following categories. The ages and types of care are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory. Please use the most populous geographic region (serving highest number of children). All eight wards of the District are considered one geographic region. The majority of children in subsidized child care are served in centers with the highest level of quality. The rates below are for the base payment rate which is the bronze tier in DC’s QRIS system.

- a) Infant (6 months), full-time licensed center care in most populous geographic region
  - Rate \$46.81
  - Percentile **N/A**
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
  - Rate \$32.76
  - Percentile **N/A**
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
  - Rate \$45.80
  - Percentile **N/A**
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
  - Rate \$31.21
  - Percentile **N/A**
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
  - Rate \$29.21
  - Percentile **N/A**
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
  - Rate \$22.03
  - Percentile **N/A**
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
  - Rate \$19.85
  - Percentile **N/A**
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region

- Rate \$20.00
- Percentile **N/A**

i) Describe the calculation/definition of full-time care: The definition of full-time care is care of six or more hours.

4.3.5 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., 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 which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

rate/rate add-on for non-traditional hours. Describe The District offers a tiered reimbursement rate for both center and home providers for non-traditional care. Rates increase with the quality rating – bronze is the lowest reimbursement rate, silver is the middle reimbursement rate, and gold is the highest reimbursement rate.

Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe The District offers a special needs reimbursement rate for center providers who provide child care and related services for children with special needs. Providers sign a modification to the child care subsidy agreement. Based on cost modeling, OSSE will explore the possibility of increasing the rate for Gold Level centers that serve children with special needs.

Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe The District offers a tiered reimbursement rate for both center and home providers for infant and toddler care. The rates increase with quality rating – bronze is the lowest reimbursement rate, silver is the middle reimbursement rates, and gold is the highest reimbursement rate. Based on the cost modeling, OSSE intends to adjust the rate for children ages 12-30 months. OSSE will also explore increasing rates for infant and toddlers enrolled in Gold Level centers and homes to help fill the gap identified by cost modeling.

Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. The District offers a tiered reimbursement rate for both center and home providers for increase quality of care. The rates increase with quality rating – bronze is the lowest reimbursement rate, silver is the middle reimbursement rate, and gold is the highest reimbursement rate. As noted above, we are exploring additional adjustments to our tiered rates based on findings from cost modeling.

Tiered rate/rate add-on for programs serving homeless children. Describe \_\_\_\_\_

Other tiered rate/rate add-on beyond the base rate. Describe \_\_\_\_\_

None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

The cost modeling methodology is an extremely helpful way to establish rate policy because it not only allows OSSE to analyze the impact of standards and likely revenues, but also takes into consideration a host of additional factors that impact costs, such as enrollment levels, program size, gaps in subsidy eligibility and fee collection. For example, in addition to identifying the financial challenges of serving infants and toddlers, we learned that in order to meet DC higher quality standards and break even under current policies and reimbursement rates, child care centers need to be 98 percent enrolled, able to collect tuition and fees for all children every day, and serve at least 200 children. Similarly, family child care (FCC) homes need to be fully enrolled in order for the provider to make a decent wage (currently our FCC homes report that, on average, they are only 60 percent enrolled). As a result, OSSE plans to explore both rate and policy changes that could address enrollment efficiencies and program size, potentially including:

- Higher subsidy reimbursement rates for centers and homes that serve infants, toddlers and children with special needs, and have attained the QRIS Gold level.
- Quality grants for centers and homes that serve infants, toddlers and children with special needs and are currently at the bronze or silver level, with demonstrated interest in moving up the quality ladder. These grants would be time-limited, and focused on helping sites make the changes needed to attain a gold level rating.
- Revisions to subsidy policy aimed at boosting enrollment in child development homes, as well as centers that serve children with special needs that have attained a gold level rating.
- Contracting for slots, with emphasis on high-quality centers and homes, located in neighborhoods where significant numbers of vulnerable children live, that have attained some economies of scale via multi-site centers or Shared Service Alliances that centralize administration and program leadership.

OSSE plans to explore these options with its partners, in consideration of overall needs and available budget.

- 4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

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

DC is committed to maintaining the number of families receiving CCDF at the November 2014 level. We are also committed to using the results of the cost modeling study to explore options for ensuring that our child care centers and homes serving our most vulnerable children have greater enrollment and financial stability to ensure access and quality for our families. OSSE is working to align Early Head Start funding with child care programs to maximize all resources. In order to prepare children for success in school and life we must ensure that the early childhood programs they attend are of the highest quality.

**4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access**

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

- 4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.
- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe \_\_\_\_\_
  - Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
  - Rates based on data on the cost to the provider of providing care meeting certain standards. Describe rates are a result of analysis of the cost model estimation
  - Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe \_\_\_\_\_

Data on the proportion of children receiving subsidy being served by high-quality providers. Describe OSSE administrative data demonstrates that the majority of children in the CCDF programs are enrolled in Silver and Gold programs. Silver and Gold are the two highest quality rated levels.

Data on where children are being served showing access to the full range of providers. Describe Geographic analysis is completed to determine where providers should expand and open new sites.

Feedback from parents, including parent survey or parent complaints. Describe

Other. Describe \_\_\_\_\_

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access. Provide the State's definition of equal access

The District of Columbia does not have a waiting list. OSSE has subsidy contracts with 277 of our 500 licensed child development facilities. Additionally, the District's commitment to universal pre-K helps to ensure equal access to early care and education for three and four-year-old children. A majority of children in the District who receive subsidized child care are enrolled in centers/homes with a silver or gold rating.

**No.** If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
- Current Status – Describe the State/Territory's status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

- Projected start date for each activity
- Projected end date for each activity
- Agency – Who is responsible for completion of this activity
- Partners – Who is the responsible agency partnering with to complete this activity

#### 4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory’s payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

- Fully implemented and meeting all Federal requirements outlined above. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016)
  - Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
  - Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)
  - Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
    - Projected start date for each activity
    - Projected end date for each activity

- Agency – Who is responsible for completion of this activity
- Partners – Who is the responsible agency partnering with to complete this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. The Lead Agency ...

- Pays prospectively prior to the delivery of services. Describe \_\_\_\_\_
- Pays within no more than 21 days of billing for services. Describe \_\_\_\_\_
- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance.
- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least 80 percent of authorized time. OSSE pays for five absences a month, 11 holidays and 15 days of vacation annually.
- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Describe (including number of absence days allowed and paid for) See example above
- Pays on a full-time or part-time basis (rather than smaller increments such as hourly)
- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)
- Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment Providers are notified of a family's redetermination status.
- Has a timely appeal and resolution process for payment inaccuracies and disputes. OSSE's recoupment policy outlines the provider's appeal and resolution process for payment inaccuracies and disputes.
- Other. Used cost modeling methodology, informed by surveys and interviews with DC providers, to ensure that, to the extent possible, rates are based on actual cost of delivering services.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- Policy on length of time for making payments. Describe length of time Payments are made within 30 days of receipt of attendance submission.
- Track and monitor the payment process \_\_\_\_\_

Use of electronic tools (e.g., automated billing, direct deposit, etc.) OSSE uses direct deposit for providers whenever possible

Other. Describe \_\_\_\_\_

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

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

##### 4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes. OSSE uses Kids Count data, administrative data and the Head Start Community Needs Assessment to identify needs of young children and families by geographic areas of the city. Additionally, agency performance data is analyzed annually to determine the availability and quality of licensed child care and preschool education. To inform the market rate survey, OSSE coordinated with two advocacy organizations that conducted interviews with child development centers to learn more about the finances, business practices and enrollment in District child care centers. The CCR&R conducted a survey of child development homes. This information indicated that most family child care homes, and many child care centers, are not fully enrolled. Thus, there are available slots in most District neighborhoods. However, due to our historically low reimbursement rates for infants and toddlers, coupled with challenges regarding consistent eligibility, some providers with vacant slots do not serve subsidized children. Additionally, providers that serve children with special needs face significant cost challenges. Thus, OSSE is exploring supply-building strategies focused on boosting the quality of existing centers/homes-most especially in areas of greatest need and maximizing all available slots in these centers and homes so that they are at least 85 percent enrolled at all times.

No. If no, how does the State/Territory determine most critical supply needs?  
\_\_\_\_\_

##### 4.6.2 Describe what method(s) is used to increase supply and improve quality for:

###### a) Infants and toddlers

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding and technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe \_\_\_\_\_

###### b) Children with disabilities

- Grants and contracts (as discussed in 4.1.3)
  - Family child care networks
  - Start-up funding and technical assistance support
  - Recruitment of providers
  - Tiered payment rates (as discussed in 4.4.1)
  - Other. Describe \_\_\_\_\_
- c) Children who receive care during non-traditional hours
- Grants and contracts (as discussed in 4.1.3)
  - Family child care networks
  - Start-up funding and technical assistance support
  - Recruitment of providers
  - Tiered payment rates (as discussed in 4.4.1)
  - Other. Describe

d) Homeless children

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding and technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.** Describe OSSE is building a partnership with community-based organizations that specifically addresses the needs of and assistance to families who are in transitional housing and/or are homeless.

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- Fully implemented and meeting all Federal requirements outlined above. Describe The District of Columbia does not have a wait list for child care development services. The lead agency funds organizations that provide training and technical assistance to individuals interested in opening child development homes in underserved communities. Additionally, through the Early Head Start-Child

Care Partnership Quality Improvement Networks, OSSE has set a five-year goal of increasing by 1,000 the number of quality slots available for infant and toddler care across the District. This increase will focus particularly in neighborhoods and communities with high concentrations of poverty and limited access to high quality child development services.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for completion of this activity OSSE
  - Partners – Who is the responsible agency partnering with to complete this activity

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards did not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and

appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of CAPTA (mandatory reporting of known and suspected instances of child abuse and neglect).

## 5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(I)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care. The current definitions are:

- Child Development Center or "Center" means a Child Development Facility located in premises other than a dwelling occupied by the operator of the Facility.
- "Child Development Facility" or "Facility" means a center, home, or other structure that provides care and other services, supervision and guidance for children, infants, and toddlers on a regular basis, regardless of its designated name. "Child Development Facility" includes "Child Development Home," "Expanded Child Development Home," and "Child Development Center." "Child Development Facility" does not include a public or private elementary or secondary school engaged in legally required educational and related functions.
- Child Development Home" means a private residence which provides a child development program for a maximum of six (6) children with a ratio of one adult caregiver to 2 children if there are 2 or more children younger than 2 years of age in the group; provided, that each adult caregiver possesses a post-secondary degree in early childhood education or a related field as determined by the Office of the State Superintendent of Education, hold a current Child Development Associate ("CDA") credential, is enrolled in a CDA training program, or can provide evidence of enrollment in a CDA training program that will begin within 6 months of the first day of the adult caregiver's work with children at the child development home. The total of 6 children shall not include those of the caregiver who are 6 years or older; provided, that the total number of children of the caregiver between the ages of 6 and 15 years shall not exceed 3, and of those 3 children, no more than 2 shall be age 10 years or younger. A child development home shall also include care given to a child by a caregiver related to the child. For the purpose of this paragraph, the term "related" means any of the following relationships by marriage, blood, or adoption: Grandparent, parent, brother, sister, step-sister, step-brother, uncle, or aunt.

- “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.

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?

- Yes.** If the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children who receive services from license exempt providers. (658E(c)(2)(F)(ii)) Describe who is exempt from licensing and how such exemptions do not endanger children who receive services from exempt providers

The following programs are exempt from licensure:

- Occasional babysitting in a babysitter’s home for the children of one family;
- Informal parent-supervised neighborhood play groups;
- Care provided in places of worship during religious services;
- Care by a related person, as defined in section 399 of this Chapter;
- Facilities operated by the federal government on federal government property; except that a private entity utilizing space in or on federal government property is not exempt unless federal law specifically exempts the Facility from District of Columbia regulatory authority.
- Public or private elementary or secondary schools engaged in legally required educational and related functions.

No

5.1.3 Describe the status of the State/Territory’s development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented \_\_\_\_\_

- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for completion of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete this activity \_\_\_\_\_

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition: a child younger than 12 months
- Ratio: 1: 4
- Group size: 8
- Ratio: 1:3
- Group size: 9

2. Toddler

- State/Territory age definition: an individual older than 12 months to 24 months
- Ratio:1:4
- Group size: 8
- Ratio: 1:3
- Group size: 9

3. Preschool

- 4. State/Territory age definition: a child older than 24 months of age but younger than compulsory school attendance age and who is not enrolled in a public, charter or private school: Note: 24 months through 30 months, Ratio 1:4, group size 12. (Compulsory school age is defined as a five (5) years of age before September 30<sup>st</sup> of the beginning of the school year).
- 5. Ratio: 30 months through 3 years 1:8
- 6. Group size: 16
- 7. Ratio: 4-5 year olds, 1:10
- 8. Group size 20

9. School-Age

- State/Territory age definition: Out of School Time Care means care and other services, supervision and guidance provided to one or more children of legal school age and under fifteen (15) years, who are enrolled in public, charter or private schools, before and after normal school hours
- Ratio: Under 6 - 1:12
- Group size: 24
- Ratio: 6 years and older – 1:15
- Group size: 30

10. If any of the responses above are different for exempt child care centers, describe

11. Describe, if applicable, ratios and group sizes for centers with mixed age groups  
When children of different ages are combined in one group, the adult/child ratio for the youngest child shall apply.

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition a child younger than 12 months
- Ratio: 1:2
- Group size: 6

2. Toddler

- State/Territory age definition: a child older than 12 months to 24 months
- Ratio: 1:2
- Group size: 6

3. Preschool

- State/Territory age definition: a child older than 24 months of age but younger than compulsory school attendance age and who is not enrolled in a public, charter or private school
- Ratio: 1:4 (24-30 months old), 1:8 (30 months – three (3) years), 1:10 (four (4) – five (5) years).
- Group size: 12 (24-30 months old), 16 (30 months – three (3) years), 1:10 (four (4) – five (5) years).
- 

4. School-Age

- State/Territory age definition: Out of School Time Care means care and other services, supervision and guidance provided to one or more children of legal school age and under fifteen (15) years, who are enrolled public, charter or private schools, before and after normal school hours
- Ratio: 1:12 (under six (6) years old), 1:15 (six (6) years and older)
- Group size: 24 (under six (6) years old), 30 (six (6) years and older)

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires the provider's own children to be included in

the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

The maximum number of children that are allowed in a child development home at any one time is six (6) children with a ratio of one adult caregiver to two (2) children if there are two (2) or more children younger than two (2) years of age in the group; provided, that each adult caregiver possesses a post-secondary degree in early childhood education or a related field as determined by the Office of the State Superintendent of Education, hold a current Child Development Associate (“CDA”) credential, is enrolled in a CDA training program, or can provide evidence of enrollment in a CDA training program that will begin within six months of the first day of the adult caregiver’s work with children at the child development home. The total of six (6) children does 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 6 and 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.

6. If any of the responses above are different for exempt group child care homes, describe

Licensed exempt relative care providers may not exceed five children inclusive of their own children.

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios, the threshold for when licensing is required maximum number of children that are allowed in the home at any one time, if the State/Territory requires the provider’s own children to be included in the Child-to-Provider ratio or group size 6, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

In the District, the threshold for licensing homes is one (1) with a ratio of 1:6 with a maximum group size of six (6). Expanded homes are allowed a maximum group size of 12 with no more than six children under the age of two. There is no limit on the number of children under two (2) years of age in a child development home. The ratio for Expanded homes is 1:3 if there are more than two (2) children under the age of two (2).

2. If any of the responses above are different for exempt family child care home providers, describe

d) Any other eligible CCDF provider categories: N/A

Describe the ratios , group size , the threshold for when licensing is required , maximum number of children that are allowed in the home at any one time , if the State/Territory requires the provider’s own children to be included in the child-to-provider ratio or group size , or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher:

**TEACHER QUALIFICATIONS**

A teacher shall be at least twenty (20) years of age and meet one of the following requirements:

(a) An associate’s degree or higher from an accredited college or university in early childhood education or early childhood development; or

(b) An associate’s degree or higher from an accredited college or university, at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development, 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; or

(c) At least forty-eight (48) credit hours from an accredited college or university, at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development, and at least two (2) years supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; or

(d) A valid Child Development Associate (CDA) credential, specifying that the individual is qualified for the assigned age classification; or

(e) Satisfactory completion of a child care certification course of no less than 90 hours from an accredited college or university, approved by the Director of the Department of Health or his/her designee, and at least three (3) years supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction.

**ASSISTANT TEACHER QUALIFICATIONS**

An assistant teacher in a Child Development Center shall be at least eighteen (18) years of age and shall meet one of the following qualification requirements:

(a) At least twenty-four (24) credit hours from an accredited college or university, plus demonstrated skill and competence with young children as satisfactorily determined by the Center Director;

(b) A high school diploma or General Education Development certificate, plus certification of training and competence in the field of early childhood

education or early childhood development from an accredited vocational high school; or

(c) A high school diploma or General Education Development certificate, plus one (1) year of supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction.

2. Toddler lead teacher:

**TEACHER QUALIFICATIONS**

A teacher shall be at least twenty (20) years of age and meet one of the following requirements:

(a) An associate's degree or higher from an accredited college or university in early childhood education or early childhood development;

(b) An associate's degree or higher from an accredited college or university, at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development, 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;

(c) At least forty-eight (48) credit hours from an accredited college or university, at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development, and at least two (2) years supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction;

(d) A valid Child Development Associate (CDA) credential, specifying that the individual is qualified for the assigned age classification; or

(e) Satisfactory completion of a child care certification course of no less than 90 hours from an accredited college or university, approved by the Director of the Department of Health or his/her designee, and at least three (3) years supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction.

**ASSISTANT TEACHER QUALIFICATIONS**

An assistant teacher in a Child Development Center shall be at least eighteen (18) years of age and shall meet one of the following qualification requirements:

(a) At least twenty-four (24) credit hours from an accredited college or university, plus demonstrated skill and competence with young children as satisfactorily determined by the Center Director;

(b) A high school diploma or General Education Development certificate, plus certification of training and competence in the field of early childhood

education or early childhood development from an accredited vocational high school; or

(c) A high school diploma or General Education Development certificate, plus one (1) year of supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction.

3. Preschool lead teacher:

**TEACHER QUALIFICATIONS**

A teacher shall be at least twenty (20) years of age and meet one of the following requirements:

(a) An associate's degree or higher from an accredited college or university in early childhood education or early childhood development;

(b) An associate's degree or higher from an accredited college or university, at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development, 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;

(c) At least forty-eight (48) credit hours from an accredited college or university, at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development, and at least two (2) years supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction;

(d) A valid Child Development Associate (CDA) credential, specifying that the individual is qualified for the assigned age classification; or

(e) Satisfactory completion of a child care certification course of no less than 90 hours from an accredited college or university, approved by the Director of the Department of Health or his/her designee, and at least three (3) years supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction.

**ASSISTANT TEACHER QUALIFICATIONS**

An assistant teacher in a Child Development Center shall be at least eighteen (18) years of age and shall meet one of the following qualification requirements:

(a) At least twenty-four (24) credit hours from an accredited college or university, plus demonstrated skill and competence with young children as satisfactorily determined by the Center Director;

(b) A high school diploma or General Education Development certificate, plus certification of training and competence in the field of early childhood

education or early childhood development from an accredited vocational high school; or

(c) A high school diploma or General Education Development certificate, plus one (1) year of supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction.

4. *School-Age lead teacher :*

**GROUP LEADER QUALIFICATIONS**

A group leader in a Child Development Center that provides out-of-school-time care only shall be at least eighteen (18) years of age and shall meet one of the following qualification requirements:

(a) An associate's degree or higher from an accredited college or university in education or child and youth development;

(b) At least forty-eight (48) credit hours from an accredited college or university, at least nine (9) credit hours from an accredited college or university in education or child and youth development, plus at least six (6) months supervised experience working with children of legal school age and under the age of fifteen (15) years, in an accredited school or camp, a licensed Child Development Center, or the equivalent; or

(c) A high school diploma or its equivalent, plus at least one (1) year supervised experience working with children of legal school age and under the age of fifteen (15) years, in an accredited school or camp, a licensed Child Development Center, or the equivalent.

In order to qualify for the purpose of this section, a period of supervised work experience must include an average of no less than twenty (20) hours per week. One (1) year experience is equal to one thousand (1,000) hours. Multiple qualifying periods may be aggregated in order to achieve the required total.

**ASSISTANT GROUP LEADER QUALIFICATIONS**

In a Child Development Center that provides both out-of-school-time care and care for infants, toddlers, and/or preschoolers, a qualified assistant teacher shall be deemed to meet the qualification requirements for an assistant group leader.

An assistant group leader in a Child Development Center that provides out-of-school-time care only shall be at least eighteen (18) years of age, shall have at least a high school diploma or its equivalent, and shall have at least six (6) months supervised experience working with children of legal school age and under the age of fifteen (15) years, in an accredited school or camp, a licensed Child Development Center, or the equivalent.

In order to qualify for the purpose of this section, a period of supervised work experience must include an average of no less than twenty (20) hours per week. Six (6) months experience is equal to five hundred (500) hours. Multiple qualifying periods may be aggregated in order to achieve the required total. Each assistant group leader shall work under the direct supervision of a group leader.

5. Director qualifications:

The Center Director in a Child Development Center that serves one or more infants, toddlers, and/or preschoolers shall meet one of the following qualification requirements:

(a) A bachelor's or master's degree from an accredited college or university in early childhood education or early childhood development;

(b) A bachelor's degree or higher from an accredited college or university, at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development, 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;

(c) An associate's degree from an accredited college or university in early childhood education or early childhood development, and at least three (3) years supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction;

(d) At least forty-eight (48) credit hours from an accredited college or university, at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development, and at least four (4) years supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction;

(e) A District of Columbia Director Credential as approved by the National Association for the Education of Young Children, or the equivalent Director Credential awarded by another jurisdiction, plus at least five (5) years supervised experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; or

(f) Employment as a qualified Center Director in a licensed Child Development Center in the District of Columbia on the effective date of these rules, provided that the Center Director achieves compliance with (a), (b), (c), (d), or (e) within no more than five (5) years following said date.

Licensed Group Child Care Homes: DC does not have different qualifications for caregivers in Expanded Child Development Homes based on age of children served.

1. Infant lead teacher

Each Primary Caregiver in an Expanded Child Development Home shall:

(a) Be at least twenty-one (21) years of age;

(b) Have obtained one of the following:

(1) An associate's degree or higher from an accredited college or university in early childhood education or early childhood development;

(2) At least forty-eight (48) credit hours from an accredited college or university, including at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development;

(3) A current and valid Child Development Associate credential;

(4) A current and valid accreditation credential from the National Association for Family Child Care; or

(5) Subject to the approval of the Director, a current and valid family child care credential from another jurisdiction, obtained by successfully completing a state-approved course of training of at least ninety (90) hours in length; and

(c) Have successfully completed one of the following:

(1) At least one (1) year of operation as the Caregiver in a licensed Child Development Home, or its equivalent in another jurisdiction; or

(2) At least one (1) year of employment in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher or Assistant Teacher.

Each Associate Caregiver in an Expanded Child Development Home shall:

(a) Be at least eighteen (18) years of age;

(b) Have a high school diploma or a General Education Development certificate, with the exception that all Caregivers licensed on the effective date of these rules shall have four (4) years from that date within which to obtain the diploma or certificate; and

(c) Have successfully completed one of the following:

(1) At least one (1) year of operation as the Caregiver in a licensed Child Development Home, or its equivalent in another jurisdiction; or

(2) At least one (1) year of employment in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher or Assistant Teacher.

2. Toddler lead teacher:

Each Primary Caregiver in an Expanded Child Development Home shall:

(a) Be at least twenty-one (21) years of age;

(b) Have obtained one of the following:

(1) An associate's degree or higher from an accredited college or university in early childhood education or early childhood development;

- (2) At least forty-eight (48) credit hours from an accredited college or university, including at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development;
- (3) A current and valid Child Development Associate credential;
- (4) A current and valid accreditation credential from the National Association for Family Child Care; or
- (5) Subject to the approval of the Director, a current and valid family child care credential from another jurisdiction, obtained by successfully completing a state-approved course of training of at least ninety (90) hours in length; and
- (c) Have successfully completed one of the following:
  - (1) At least one (1) year of operation as the Caregiver in a licensed Child Development Home, or its equivalent in another jurisdiction; or
  - (2) At least one (1) year of employment in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher or Assistant Teacher.

Each Associate Caregiver in an Expanded Child Development Home shall:

- (a) Be at least eighteen (18) years of age;
- (b) Have a high school diploma or a General Education Development certificate, with the exception that all Caregivers licensed on the effective date of these rules shall have four (4) years from that date within which to obtain the diploma or certificate; and
- (c) Have successfully completed one of the following:
  - (1) At least one (1) year of operation as the Caregiver in a licensed Child Development Home, or its equivalent in another jurisdiction; or
  - (2) At least one (1) year of employment in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher or Assistant Teacher.

3. Preschool lead teacher:

Each Primary Caregiver in an Expanded Child Development Home shall:

- (a) Be at least twenty-one (21) years of age;
- (b) Have obtained one of the following:
  - (1) An associate's degree or higher from an accredited college or university in early childhood education or early childhood development;
  - (2) At least forty-eight (48) credit hours from an accredited college or university, including at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development;
  - (3) A current and valid Child Development Associate credential;
  - (4) A current and valid accreditation credential from the National Association for Family Child Care; or

(5) Subject to the approval of the Director, a current and valid family child care credential from another jurisdiction, obtained by successfully completing a state-approved course of training of at least ninety (90) hours in length; and

(c) Have successfully completed one of the following:

(1) At least one (1) year of operation as the Caregiver in a licensed Child Development Home, or its equivalent in another jurisdiction; or

(2) At least one (1) year of employment in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher or Assistant Teacher.

Each Associate Caregiver in an Expanded Child Development Home shall:

(a) Be at least eighteen (18) years of age;

(b) Have a high school diploma or a General Education Development certificate, with the exception that all Caregivers licensed on the effective date of these rules shall have four (4) years from that date within which to obtain the diploma or certificate; and

(c) Have successfully completed one of the following:

(1) At least one (1) year of operation as the Caregiver in a licensed Child Development Home, or its equivalent in another jurisdiction; or

(2) At least one (1) year of employment in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher or Assistant Teacher.

4. School-Age lead teacher:

Each Primary Caregiver in an Expanded Child Development Home shall:

(a) Be at least twenty-one (21) years of age;

(b) Have obtained one of the following:

(1) An associate's degree or higher from an accredited college or university in early childhood education or early childhood development;

(2) At least forty-eight (48) credit hours from an accredited college or university, including at least fifteen (15) credit hours from an accredited college or university in early childhood education or early childhood development;

(3) A current and valid Child Development Associate credential;

(4) A current and valid accreditation credential from the National Association for Family Child Care; or

(5) Subject to the approval of the Director, a current and valid family child care credential from another jurisdiction, obtained by successfully completing a state-approved course of training of at least ninety (90) hours in length; and

(c) Have successfully completed one of the following:

(1) At least one (1) year of operation as the Caregiver in a licensed Child Development Home, or its equivalent in another jurisdiction; or  
(2) At least one (1) year of employment in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher or Assistant Teacher.

Each Associate Caregiver in an Expanded Child Development Home shall:

(a) Be at least eighteen (18) years of age;  
(b) Have a high school diploma or a General Education Development certificate, with the exception that all Caregivers licensed on the effective date of these rules shall have four (4) years from that date within which to obtain the diploma or certificate;  
and  
(c) Have successfully completed one of the following:  
(1) At least one (1) year of operation as the Caregiver in a licensed Child Development Home, or its equivalent in another jurisdiction; or  
(2) At least one (1) year of employment in a licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher or Assistant Teacher.

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications:

Each Child Development Home Caregiver shall meet the following requirements:

(a) Be at least eighteen (18) years of age;  
(b) Have a high school diploma or a General Education Development certificate, with the exception that all Caregivers licensed on the effective date of these rules shall have four (4) years from that date within which to obtain the diploma or certificate;  
(c) Attend an annual regulatory compliance review seminar presented by the Department of Health;  
(d) Attend at least three (3) child development-related training courses, approved by the District of Columbia government, per year, for a total of no less than nine (9) hours of training per year;  
(e) Successfully complete training, as approved by the District of Columbia government, on precautions against Sudden Infant Death Syndrome;  
(f) Undergo a physical examination by a licensed health care practitioner at least annually, and obtain written and signed documentation, from the examining practitioner, that the Caregiver, at the time of the examination, is free of tuberculosis and other diseases in communicable form, and is physically capable of caring for children; and  
(g) Undergo training and obtain certification in First Aid and CPR for children, and maintain documentation of current certification in both.

d) Other eligible CCDF provider qualifications:

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- 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
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas.

**No.** If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016

- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented

The State does not require the following health and safety trainings:

- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- 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
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) in progress
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Revise licensing regulations
  - Solicit input from child care providers and advocates
  - Post licensing regulations for public comment
  - Review and address public comments
  - Submit to the District of Columbia’s City Council for approval
  - Identify and recruit individuals/organizations to participate in trainer approval system
  - **Projected start date for each activity**
    - Revise licensing regulations – July 2015

- Identify and recruit individuals/organizations to participate in trainer approval system – October 2015
  - Solicit input from child care providers and advocates – January 2016
  - Publish licensing regulations in DC Register for public comment – April 2016
  - Review and address public comments May 2016
  - Submit to the District of Columbia’s City Council for approval to modify and amend the DC Municipal Regulations for Child Development Facilities – July 2016
  - **Projected end date for each activity**
    - Revise licensing regulations – December 2015
    - Solicit input from child care providers and advocates – February 2016
    - Identify and recruit individuals/organizations to participate in trainer approval system – April 2016
    - Publish licensing regulations in DC Register for public comment – May 2016
    - Review and address public comments - July 2016
    - Submit to the District of Columbia’s City Council for approval to modify and amend the DC Municipal Regulations for Child Development Facilities – September 2016
  - Agency – Who is responsible for completion of this activity OSSE
  - Partners – Who is the responsible agency partnering with to complete this activity
    - Office of the Mayor
    - SECDCC
    - Child development providers and advocates
- b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period of up to 3 months from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and

credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above. Describe, including the minimum number of annual preservice/orientation and ongoing training or education hours required to meet these health and safety requirements \_\_\_\_\_

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
  - The State does not require pre-service training for child development providers and does not currently offer the required trainings listed above.
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) In progress
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Revise licensing regulations
  - Solicit input from child care providers and advocates
  - Post licensing regulation for public comment
  - Coordinate with the Office of the Mayor
  - **Projected start date for each activity**

- Revise licensing regulations – July 2015
- Solicit input from child care providers and advocates – December 2015
- Coordinate with the Office of the Mayor to modify and amend the DC Municipal Regulations for Child Development Facilities – March 2016
- **Projected end date for each activity**
  - Revise licensing regulations December 2016
  - Solicit input from child care providers and advocates – February 2016
  - Coordinate with the Office of the Mayor to modify and amend the DC Municipal Regulations for Child Development Facilities. August 2016
- Agency – Who is responsible for completion of this activity OSSE
- Partners – Who is the responsible agency partnering with to complete this activity
  - Office of the Mayor
  - SECDCC
  - Child development providers
  - OSSE Certified Trainers

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition. Describe:

Each Child Development Facility shall ensure that its planned 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 specified by the United States Department of Agriculture’s Child and Adult Care Food Program.

Each Child Development Center shall have at least one staff member present at all times when meals are being prepared or served who is certified as a Food Protection Manager in accordance with the District of Columbia Food Code, Title 25 of the District of Columbia Municipal Regulations. In order to qualify under this section, the staff member must have a valid and current certification, including photographic identification.

Each Child Development Facility shall ensure that food is protected and stored as required by the District of Columbia Food Code, Title 25 of the District of Columbia Municipal Regulations.

Each Facility shall request, and shall obtain if applicable, all relevant information regarding dietary restrictions and food allergies for each enrolled child, upon the child's admission to the Facility, and the Facility shall record this information in the child's file.

At least annually, the Facility shall request, and shall obtain if applicable, updated information regarding each enrolled child's dietary restrictions and food allergies.

The Facility shall ensure that all staff responsible for food preparation and distribution are informed, in writing, of any dietary restrictions, food allergies, or other special dietary requirements that concern any children enrolled at the Facility.

If a Facility serves food provided by the parent(s) or guardian(s) of the enrolled children, the Facility shall establish and implement written policies and procedures to be followed if the food provided by the parent(s) or guardian(s) does not meet the requirements specified in this section.

Each Facility shall maintain a one (1) day supply of perishables and a three (3) day supply of staples at all times.

The Facility shall ensure that powdered milk or reconstituted evaporated milk is not served as a substitute for fluid milk for drinking. Powdered milk or reconstituted evaporated milk may be used for cooking.

The Facility shall ensure that staff responsibilities concerning food preparation and service do not reduce the adult/child ratios for staff actively supervising children below the levels specified in DCMR 29 or interfere with the implementation of the Facility's program of activities.

The Facility shall ensure that no person is involved in food preparation or service, or otherwise works in the food preparation and/or service area, if that person shows signs or symptoms of illness, including vomiting, diarrhea, or uncovered infectious skin sores, or if that person is actually or likely infected with any bacterium or virus that can be carried in food.

A Facility may only serve a special therapeutic diet to a child upon the written instruction of the child's licensed health care practitioner.

Each Child Development Facility shall ensure that its daily menus conform to the current United States Department of Agriculture dietary recommendations for sugar, salt and fat intake.

Each Facility shall plan and post menus for all foods served, including snacks, and shall modify the menus as necessary to reflect foods actually served. The Facility shall maintain the menus on file at the Facility premises for at least six (6) months.

The Facility shall ensure that appropriately timed meals and snacks that meet the nutritional requirements of the child are served to each child according to the following schedule, based on the number of hours a child is present at the Facility:

- (a) Two (2) to four (4) hours, child receives one (1) snack;
- (b) Four (4) to six (6) hours, child receives one (1) meal and one (1) snack;
- (c) Seven (7) to eleven (11) hours, child receives two (2) meals and one (1) snack or two (2) snacks and one (1) meal, depending on the time of arrival of the child; and
- (d) Twelve (12) hours or more, child receives three (3) meals and two (2) snacks.

Access to physical activity. Describe: Each Child Development Center serving infants, toddlers, and preschoolers shall provide time each day for both quiet and active play, suitable to the ages and abilities of the children enrolled at the Facility.

Each Center 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 outdoor play or outdoor activity each day.

Caring for children with special needs.

Each Child Development Facility that serves one or more children with special needs, including infants, toddlers, preschool-age children, and/or school-age children, shall comply with the specific additional requirements of this section.

Upon the admission of a child with a special need, or upon the identification of a special need in an enrolled child, the Facility shall promptly obtain informed written consent, from the parent(s) or guardian(s) of the child, for the implementation of any treatment or protocol ordered by the child's licensed health care practitioner.

The Facility shall ensure that the care of each child with special needs who is less than thirty-six (36) months of age is consistent with that child's Individual Family Services Plan (IFSP), and that the care of each child who is thirty-six (36) months of age or over is consistent with that child's Individual Education Plan (IEP). The Facility shall maintain a copy of the child's current IFSP or IEP on file at all times.

The Facility shall maintain a written individualized care plan, in accordance with the child's IFSP or IEP, for each enrolled child with special needs. This plan shall address the following areas, as needed and appropriate for the child:

- (a) Child development services to be provided by the Facility;
- (b) Other services to be provided by or at the Facility;
- (c) Special training or qualifications required of one or more staff members to properly care for the child in light of his or her special needs;
- (d) Nutrition and feeding, including feeding schedule and special training or qualifications required of staff members who may feed the child;
- (e) Administration of medication;
- (f) Use and maintenance of medical equipment and/or adaptive devices;
- (g) Toileting and personal hygiene;
- (h) Procedures and instructions for medical emergencies;

(i) Procedures for other emergencies, including participation in emergency evacuation drills; and

(j) Transportation requirements.

Before disclosing any information concerning the child to any person, including a licensed health care practitioner, who is not employed by the Facility, the Facility shall obtain written permission from the child’s parent(s) or guardian(s).

The Facility shall provide each child with special needs with:

(a) Developmentally appropriate toys and materials;

(b) Developmentally appropriate play equipment which meets the requirements of the Americans with Disabilities Act;

(c) Appropriate assistance and attention from staff members; and

(d) Reasonable accommodations to enable the child to participate in the activities of the Facility, including field trips.

If health services or therapeutic services are provided in accordance with the child’s IFSP or IEP and by practitioners who are licensed or otherwise authorized by law to provide the applicable services in the District of Columbia

- Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children’s health and safety. Describe:

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from these CCDF health and safety requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics?

- Yes, relatives are exempt from all health and safety training requirements. If the State/Territory exempts relatives from all health and safety training requirements, describe how the State ensures the health and safety of children in relative care.

\_\_\_\_\_

Yes, relatives are exempt from some health and safety training requirements. If the State/Territory exempts relatives from some health and safety training requirements, describe which requirements are exempt and include how the State/Territory ensures the health and safety of children in relative care.

- Relatives are not exempt from health and safety training requirements.

## 5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities. List the policy citation within the Lead Agency's rules:

- Title 29 DCMR, 325 Children's Health Records
- Title 29 DCMR, 326 Excluding and Readmitting Children who are III
- Title 29 DCMR, 328 Criminal Background and History Checks
- Title 29 DCMR, 329 Policies and Procedures on Discipline
- Title 29 DCMR, 330 Policies and Procedures on Facility Operations
- Title 29 DCMR, 340 Indoor Program Space in Centers
- Title 29 DCMR, 341 Additional Program Space in Centers for Infants, toddlers and Young Children in Centers
- Title 29 DCMR, 342 Outdoor Space, Equipment and Safety in Centers
- Title 29 DCMR, 343 Group Size and Adult/Child Ratios
- Title 29 DCMR, 353 Child Development Home Indoor Space Requirements and Equipment
- Title 29 DCMR, 355 Child Development Home General Program Activities
- Title 29 DCMR, 354 Child Development Home Outdoor Space, Equipment and Safety
- Title 29 DCMR, 356 Health and Sanitation Requirements for Child Development Home
- Title 29 DCMR, 361 Toilets and Sinks
- Title 29 DCMR, 362 General Furnishings, Equipment and Supplies
- Title 29 DCMR, 363 General Safety and Maintenance

- Title 29 DCMR, 364 Pets and Animals
  - Title 29 DCMR, Cots, Cribs and Infant Play
  - Title 29 DCMR 366, Rooftop Play Space
  - Title 29 DCMR 367, Safety Requirements for Outdoor Play Space and Equipment in Enclosed Yards on facility Premises
  - Title 29 DCMR 368, Swimming and Water Safety
  - Title 29 DCMR 369 Emergency Preparedness and First Aid
  - Title 29 DCMR 370, Handling Diapers, Training Pants and Toys
  - Title 29 DCMR 371, Hand Washing Practices
  - Title 29 DCMR 372, Food and Nutrition Requirement
  - Title 29 DCMR 373, Menus, Meals and Service
  - Title 29 DCMR 374, Requirements for Infant Formula and Feeding
  - Title 29 DCMR 375, Requirements for Infant Solid Food
  - Title 29 DCMR 376, Requirements for Infant Sleep and Play Positions (Precautions Against SIDS)
  - Title 29 DCMR 377, Administration of Medications
  - Title 29 DCMR 378, Transportation Requirements
  - Title 29 DCMR 379, Children with Special Needs
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented \_\_\_\_\_

- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for completion of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete this activity \_\_\_\_\_

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives).

The State/Territory certifies:

- a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. (658E(c)(2)(K)(I)(I))
- b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))
- c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))
- d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes. Fully implemented and meeting all Federal requirements outlined above.

List the Lead Agency’s policy citation(s): DCMR 29 322.4

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 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, via the CFSA twenty-four (24) hour Child Abuse and Neglect Hotline (202-671-SAFE) or the Metropolitan Police Department.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for completion of this activity
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from CCDF health and safety requirements, including

inspections. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from these inspection requirements?

Yes.

No. If no, describe the State/Territory's policy for inspecting relatives Relatives are required to maintain child and adult health certificates; immunizations documents for each child; and complete 12 hours of health and safety training annually. Relative providers receive an annually monitoring visit and technical assistance.

### 5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds for conducting criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories are required to have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives that are licensed, regulated or registered under State/Territory law or receive CCDF funds). Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

States and Territories must also have licensing and regulatory requirements, not limited to CCDF, that prohibit the employment of child care staff members who refuse or do not pass the criminal background check. A child care provider is ineligible for CCDF funds if the provider employs an ineligible child care staff member.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault, or

subject to an individual review, at the State’s option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child. The State/Territory may conduct an individualized review of staff members who have received felony criminal convictions for drug-use to determine eligibility for employment.

Timeliness of background checks - 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.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory’s consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness. The fees charged by a State or Territory for completing the background checks may not exceed the actual cost of processing and administration. The State/Territory must publish the background check policies and procedures on the State/Territory and local lead agency websites. If there is no website, then the information must be made publicly available in another venue.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory’s requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- Fully implemented and meeting all Federal requirements outlined above. List the policy citation within the Lead Agency’s rules \_\_\_\_\_ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017) September 30, 2017
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
  - Licensing and regulatory requirements, not limited to CCDF, that prohibit the employment of child care staff members who refuse or do not pass the criminal background check.
  - A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years,
  - Timeliness of background checks - 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.
  - Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory’s consumer education website or other publicly available venue.
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)

**Partially Completed.** In the District of Columbia there are currently several regulations which cover safety sensitive positions (people working with children), including the “Criminal Background Checks for the Protection of Children Act of 2004”, the “Child and Youth, Safety and Health Omnibus Congressional Review Emergency Amendment Act of 2005” (CYSHA), and the D.C. Merit Personnel Act § 1-620.36 “Coverage of private contractual providers and private licensed providers.” Safety-sensitive positions are defined as: (A) employment in which the District employee has direct contact with children or youth; (B) is entrusted with the direct care and custody of children or youth; and (C) whose performance of his or her duties in the normal course of employment may affect the health, welfare, or safety of children or youth. Each private entity licensed by the District government that has employees who work in safety-sensitive positions must establish mandatory drug and alcohol testing policies and procedures. D.C. Official Code § 1-620.36. This section of the Merit

Personnel Act has ensured that the requirements of CYSHA and Criminal Background Checks cover any providers who work with children. Thus, by virtue of being licensed by the District of Columbia, all providers, private and public, are required to establish drug and alcohol testing and to obtain criminal background checks every two years for all employees. Criminal background checks are defined as being fingerprint checks from both the Federal Bureau of Investigations (FBI) and Metropolitan Police Department (MPD) for each employee that works at your facility. All applicants shall submit a criminal background check from the FBI and MPD that is no older than three (3) months. The aforementioned regulations have been a part of the District's law since at least 2005. If a provider is deemed unsuitable for employment with children, providers may request an appeal to the results of the criminal background check suitability determination through OSSE's appeals process. A request for appeal must be submitted to OSSE in writing within 15 calendar days of the date of the suitability notice. Background check information will be reviewed and a determination letter will be sent to the provider within 10 calendar days of receipt of the request for appeal.

- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) OSSE will form a partnership with other District agencies that also require criminal background checks, obtain a contract with a FBI approved third party vendor to perform the criminal background checks and receive results directly in a timely manner as required.
  - Revise licensing regulations
  - Implement a partnership with DC Department of Health and DC Metropolitan Police
  - Identify funds to support increased criminal background check activity
  - Draft a Memorandum of understanding between OSSE and DOH
  - Create internal procedures for criminal background check activities
  - Communicate the new requirements for criminal background checks to provider community
  - Implement the new criminal background check process
- **Projected start date for each activity**
  - Revise licensing regulations- July 2015
  - Implement a partnership with DC Department of Health and DC Metropolitan Police – December 2015
  - Identify funds to support increased criminal background check activity December 2015
  - Draft a Memorandum of understanding between OSSE and DOH January 2015

- Create internal procedures for criminal background check activities January 2016
  - Communicate the new requirements for criminal background checks to provider community July 2016
  - Implement the new criminal background check process – October 2016.
  - **Projected end date for each activity**
    - Revise licensing regulations- December 2015
    - Implement a partnership with DC Department of Health and DC Metropolitan Police – March 2016
    - Identify funds to support increased criminal background check activity October 2016
    - Draft a Memorandum of understanding between OSSE and DOH April 2016
    - Create internal procedures for criminal background check activities March 2016
    - Communicate the new requirements for criminal background checks to provider community September 2016
    - Implement the new criminal background check process – October 2016.
  - Agency – Who is responsible for completion of this activity OSSE, Director of Compliance & Licensing
  - Partners – Who is the responsible agency partnering with to complete this activity – The lead agency is partnering with the, DC Department of Health, DC Metropolitan Police Department, DC Child and Family Services, DC Department of Health.
- 5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3<sup>rd</sup> party meet the requirements, protecting the privacy of child care staff members, and appealing the results of background checks. Not yet started
- 5.3.3 Describe how the State/Territory is helping other States process background checks, including which agency/entity is responsible for working with other states Not yet started
- 5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes. Describe. If a provider is deemed unsuitable for employment with children, providers may request an appeal to the results of the criminal background check

suitability determination through OSSE’s appeals process. A request for appeal must be submitted to OSSE in writing within 15 calendar days of the date of the suitability notice. Background check information will be reviewed and a determination letter will be sent to the provider within 10 calendar days of receipt of the request for appeal.

No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed above?

Yes. Describe. As organizations falling within the parameters of CYSHA, personnel records and all background check information must be compliant with the “Criminal Background Checks for the Protection of Children Act of 2004,” which restricts the employment of certain persons at facilities caring for children. An applicant or employee may be disqualified for employment at a licensed child development facility if he/she has a criminal conviction for any of these crimes listed above as well as the following offenses:

- Felony Assault
- Pandering
- Sex Offences
- Human Trafficking
- Animal Cruelty

No

5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from background checks?

Yes, relatives are exempt from all of the background check requirements.

Yes, relatives are exempt from some of the background check requirements. Describe. \_\_\_\_\_

No, relatives are not exempt from background checks.

5.3.7 Describe how fees charged for completing the background checks do not exceed the actual cost of processing and administration, including how the State State/Territory ensures that 3<sup>rd</sup> party vendors or contractors do not charge fees that exceed the actual cost of processing and administration, if applicable. Lead Agencies can report that no fees are charged if applicable. N/A

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue Not yet started

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes. List types of crime included in the aggregated data \_\_\_\_\_

No-

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher stability and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to move from introductory training to advance level education, including obtaining a credential or post-secondary degree. Professional development should be designed in a manner that builds and is cumulative to result in higher credentials, certification or advanced degrees recognized by the State/Territory as demonstrating mastery in their profession. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

### 6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF. (658E(c)(2)(G))

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory’s professional development system or framework, including training and professional development requirements 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.

The Lead Agency assures that the State/Territory’s training and professional development requirements:

- a) Provide ongoing training and professional development, provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce (such as allows an individual to build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements)

OSSE’s Early Childhood and Out of School Time Career Guide includes a career ladder with four career pathways: Leadership, Infant/Toddler, Pre-Kindergarten, and Before/Afterschool. There are twelve levels each with qualification requirements that are flexible enough to ensure that professionals can pursue individualized professional growth plans.

The Career Guide includes (1) documentation of earned professional learning units (PLUs) required annually for employment in a subsidized licensed child care setting; (2) credentials including CDA Infant Toddler, CDA Preschool (offered in English and Spanish), Director Credential I, and/or a credential in a specialized field of study; and (3) earned college credits and higher education degrees. The approval process for Level progression is individualized and issued by OSSE.

Additionally, 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, skill 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).

Core Knowledge Areas (CKAs) detail the specific knowledge and skills needed by early childhood professionals to work effectively with all young children and families. CKAs include:

1. Child Growth and Development;
2. Social-Emotional Development and Mental Health;
3. Observing, Documenting and Assessing to Support Young Children and Families;
4. Inclusive Practices;
5. Health, Safety, and Nutrition;
6. Curriculum;
7. Learning Environments;

8. Building Family and Community Relationships;
9. Diversity: Family, Language, Culture, and Society;
10. Program Management: Operation and Evaluation; and
11. Professionalism and Advocacy.

OSSE supports TEACH and CDA scholarships for the early care and education workforce as well as in-person and on-line resources through the OSSE Early Learning Foundations Course Catalog, published quarterly. OSSE also provides coaching and technical assistance to child development providers.

- b) Are developed in consultation with the State Advisory Council on Early Childhood Education and Care or other state- or state-designated cross-agency body if no SAC that addresses training, professional development and education of child care providers and staff.

The State Early Childhood Development Coordinating Council (SECDCC) functions as the State Advisory Council, and has six committees. The Program Quality Committee of SECDCC works to ensure that all professionals working with young children have the knowledge, skills and competencies they need to effectively educate young children and engage and support their families. The committee is focused on updating the DC Career Guide for Early Childhood and Out of School Time Professionals to better address core competencies as well as skills and knowledge. The committee is also exploring additional ways to enhance the professional growth of child development home providers. OSSE is participating in a regional early care and education workforce Implementation Network, designed to move forward the recommendations of the Transforming the Early Childhood Workforce study. This work is supported by local philanthropy and includes surrounding counties in Maryland and Virginia.

- c) Incorporates knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional behavior intervention models, which may include positive behavior intervention and support models (as described in Section 2)

The DC Common Core Early Learning Standards (DC CCELS) incorporate developmental guidelines and supportive practices for children birth to age 5 in areas of health, safety, and social-emotional development. There are six indicators of positive social-emotional development in the DC Common Core Early Learning Standards (DCCELS).

1. Expresses a variety of feelings and learns to manage them
2. Recognizes the feelings and rights of others, and responds appropriately
3. Manages own behavior
4. Develops positive relationships with adults
5. Engages and plays with peers
6. Resolves conflicts with others

OSSE offers monthly training modules in partnership with the Center for Social Emotional Foundations of Early Learning (CSEFEL), for implementation of the early

childhood behavior intervention pyramid model for positive behavior support. The CSEFEL training provides teachers with social-emotional development knowledge, and supportive interventions with positive behavior planning. Teachers learn how to identify the intensity of behaviors, use safe practices and refer children for clinical intervention.

The social-emotional development of children is also addressed through partnerships with local experts, including the Department of Behavioral Health, Healthy Futures Program, for identification and intervention with parents and professionals. In addition, a cohort of early childhood coaches and OSSE staff are certified trainers in the Program for Infant Care (PITC) and provide ongoing training and coaching support to early learning professionals in the District. PITC content is included in the monthly offerings of the OSSE catalog, incorporating best practice and understanding of temperament, new research on brain development, and the significance of close and secure relationships in the early years.

- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF. N/A
- e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

OSSE's ongoing professional development opportunities address the progression and span of knowledge that is necessary for all professionals to effectively support and engage young learners in all areas of development beginning in infancy through pre-K exit to Kindergarten. The DC Common Core Early Learning Standards offer specific and comprehensive support for English language learners and children with disabilities. OSSE's professional development training includes knowledge and skills that accommodate children with disabilities, while utilizing practical adaptations. Specific training and guidance is offered monthly to address referrals to IDEA Part C and Part B early intervention special education program services.

X Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)

- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented.
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)

Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

- Projected start date for each activity
- Projected end date for each activity
- Agency – Who is responsible for completion of this activity
- Partners – Who is the responsible agency partnering with to complete this activity

6.1.2 Describe how the State/Territory provides ongoing training and professional development that provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development.

State/Territory professional standards and competencies. Describe

The DC Professionals Receiving Opportunities and Support (DCPROS) outlines 11 Core Knowledge Areas (CKA) for all professionals in the District of Columbia. 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. They include:

- 1) Child Growth and Development
- 2) Observing, Documenting and Assessing to Support Young Children and Families
- 3) Health, Safety, and Nutrition
- 4) Curriculum
- 5) Inclusive Practices
- 6) Learning Environments
- 7) Building Family and Community Relationship
- 8) Diversity: Family, Language, Culture, and Society
- 9) Program Management, Operation and Evaluation
- 10) Professionalism and Advocacy
- 11) Social-Emotional Development and Mental Health

The District’s professional development plan recognizes that the field of early childhood encompasses a myriad of standards and competencies that reflect quality and stability in the child care workforce. The progression of professional development for a new professional in a subsidized child care program begins with basic orientation for the professional working in a licensed and subsidized child care setting. Following this orientation, a supplemental week of early learning foundational training is provided to include health and safety, social-emotional, basic DC CCELS, SIDS prevention, Healthy Nutrition, CPR/First Aid, Act Early: Developmental Milestones, CSEFEL). This series of Early Learning Foundations professional development is made available to all members of the workforce, free of charge. Once all sessions in the series are completed the individual earns 20 professional learning units (PLUs). Each of the courses embeds child development information and informs providers how to use the DC Common Core Early Learning Standards for planning. By introducing the use of best practices, professionals learn the importance of their professional growth and are introduced to the comprehensive core knowledge areas in the Early Learning Foundations Course Catalog.

**Career ladder or lattice. Describe.**

The District of Columbia Career Guide for Early Childhood and Out of School Time Professionals: Pathways to Professional Growth outlines a systemized professional development trajectory, with entry requirements for the workforce across all early education settings. The lattice provides a progressive articulation of professional attainment designated by Levels 1 through 12. The DC Career Guide is designed to support retention in the workforce based on individuals’ decisions regarding their professional goals.

The Career Guide encompasses four career pathways: Leadership, Infant/Toddler, Pre-Kindergarten, and Before/Afterschool. Early educators access teaching and learning opportunities, and at their own pace, attain the next professional level in the career guide. There are twelve levels with Qualifications Requirements that are defined, yet flexible, to ensure that professionals can pursue their own individualized professional growth plans. The Career Guide utilizes a system for pathways to progress through the 12 Levels based on the following: (1) documentation of earned professional learning units (PLU’s), required annually for employment in a subsidized licensed child care setting; (2) credentials (CDA Infant Toddler, CDA Preschool, Director’s Credential I, and/or a credential in a specialized field of study); and (3) earned college credits and higher education degrees. The approval process for Level progression is individualized and issued by the District’s Division of Early Learning (DEL) Professional Development Unit (PDU).

**Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe.**

The Program Quality Committee of the SECDCC is exploring how the District can ensure that early childhood professionals who complete a CDA credential will simultaneously earn an equivalent of six college credits. At this time, three schools with Associate Degree (AA) early childhood programs in the District transpose the CDA to earned college credit based on the 480 required CDA practicum hours in child care centers.

Additionally, a new Associate Degree program of study in Early Childhood with an Infant-Toddler endorsement is launching at the University of the District of Columbia (UDC). Currently, there is interest between representatives from local colleges, technical assistance organizations, and student scholarship program staff to engage in a discussion and develop articulation agreements.

The research recently released by the National Academy of Sciences, “Transforming the Workforce” will be a foundation for partnership between professionals, including all levels of leadership and faculty of higher education programs. The regional perspective and dialogue is currently facilitated by the membership of a local private foundation. The conversation surrounding implementation is evolving and potentially pivotal in local implementation for workforce recruitment and retention strategies. This regional discussion extends to collaborative decisions that guide the local professional field and potentially instrumental in defining competencies and career pathways. Collectively this influence accelerates the movement toward formal articulations and agreements between two and four-year postsecondary early childhood education programs.

Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

OSSE is upgrading its current professional development registry to a more user-friendly platform that will enhance early learning professional’s access to professional learning opportunities and it will be integrated and connected to the child care licensing system. Currently workforce data is collected through multiple sources including DC Department of Employment Services, Learn Earn Advance Prosper (L.E.A.P.), U.S. Bureau of Labor Statistics, licensing applications, compliance monitoring, the professional development registry and the Head Start Program Information Report (PIR).

Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. The District’s SECDCC includes six committees that advise the Mayor and the district agencies regarding the professional development framework. The Program Quality is the subcommittee that is responsible for the ongoing enhancement and development of the early learning professional development system.

Continuing education unit trainings and credit-bearing professional development. Describe

OSSE issues certificates for earned Professional Development Learning Units (PLU) for providers attending the professional development training opportunities through the Early Learning Course Catalog published quarterly. OSSE does not provide Continuing Education Units (CEU's).

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if no SAC.

The SECDCC is the cross-agency body that seeks to ensure best practice, equitable access, and high quality for early childhood programs. The SECDCC Committee for Program Quality is focused on improving access and actively contributes to improvements in professional development. The committee membership is comprised of a quality improvement coach, OSSE certified professional development trainers, higher education faculty, a family child care home provider, a licensed child care center director, and representatives from OSSE's Early Learning Division. The committee is focused on the quality improvement with regard to the Career Lattice, pedagogy for higher education and competence of providers, and identification of strategies for collecting information and feedback from the provider community.

OSSE professional development system is articulated through the District of Columbia Professionals Receiving Opportunities and Support (DC PROS) Professional Development (PD) Plan is designed to serve as a guide for the District of Columbia to solidify and expand professional development opportunities for the early childhood workforce. DC PROS builds upon current systems and includes the goals and initiatives designed to accomplish the DEL workforce development objectives. DC PROS is a fluid document that will be reviewed by the Program Quality Committee as the agenda progresses to further address and adapt to best practices in the field and legislative or policy changes.

OSSE administration is participating in The Regional Implementation Network with regard to the collaboration activities in response to the National Academies of Sciences, Institute of Medicine and National Research Council report, Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation. The network has convened with state-based leadership, including neighboring states Virginia and Maryland, with the intent to identify a core group of administrators and foundation stakeholders for ongoing representation at the national level. The national agenda will influence and build momentum within the State Advisory and Program Quality committee's work toward quality improvements in the workforce.

- 6.1.4 Describe how the State/Territory incorporates knowledge and application of the State’s early learning and developmental guidelines (where applicable), the State/Territory’s health and safety standards (as described in section 5), and incorporates social-emotional behavior intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

The District offers a variety of ongoing research-based and best practice health, safety and social-emotional quality professional development sessions. The quality of information presented in partnership with District public and privately funded agencies is acknowledged by the provider community as excellent in terms of mental health, early identification, and clinical services in the community.

The District incorporates health and safety and social-emotional behavior intervention into the Early Learning Foundations Course Catalog. Offerings include: The Center for Social-Emotional Foundations of Early Learning (with separate modules for infant/ toddler and preschool), SIDS, Act Early: When Children Fall Behind in Their Development, DC CC Early Learning Standards, CPR, First Aid, Mandatory Reporter Training (face-to-face hybrid), and Promoting Nutrition and Wellness. The District’s week of professional development supplements the licensing orientation for providers and represents 20 PLUs. It is offered in Spanish four times each calendar year.

- 6.1.5 Describe how the State’s training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)  
N/A

- 6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians

District leaders recognize one size does not fit all in the professional preparation and pedagogy of DC's Common Core Early Learning Standards (DCCCELS). The District's early education programs and professional development trainers include content relevant to all types of characteristic factors and require a comprehensive understanding, attitude and practice of inclusion versus exclusion.

The DCCCELS articulate progression and differences in the approach to learning with infants, mobile infants, toddlers, 3's, 4's and 5's. The trajectory of child development is clearly articulated in DCCCELS as well as reinforced in textbooks, curricula, and practicum assignments. Supportive practices in these standards provide guidance regarding the inclusion of English learners and children with special needs. OSSE provides specialized bilingual trainers to accommodate language diversity in its professional development trainings. The District of Columbia offers both oral translation services to individuals who seek to access or participate in the services, programs or activities and written translation services of vital documents (applications, notices, complaint forms, legal contracts, and outreach materials that inform individuals about their rights or eligibility requirements for benefits and participation) in the following languages: Amharic, Spanish Chinese, French, Vietnamese, and Korean. OSSE contracts with various companies and utilizes Language Access, an online translation service, for translation and support services.

- 6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children.

OSSE recruits providers through Community-Based Organizations (CBO), District schools and organizations that serve culturally diverse and linguistically similar neighborhoods across the District. The District is a longstanding community of multicultural backgrounds and, fortunately, this diverse community includes early learning professionals from around the world. For example, following active recruitment activities, one EHS Child Care Partnership Hub now includes 11 Family Child Care Homes and providers that collectively represent nine different Spanish speaking countries.

OSSE reaches providers across the District with limited English proficiency by virtue of the multicultural population. Targeted outreach is ongoing, and the Quality Improvement Network (QIN) functions with intention to recruit multicultural professionals to the workforce.

OSSE QIN provides 440 slots for available affordable high quality child care during Year One, with the goal of more than 1,000 by Year Five. The QIN provides enhanced comprehensive quality child care services to be provided in neighborhoods in all Wards of the District demonstrating highest need, including those with limited English proficiency. Through its' focus

on building interagency services delivery systems, the QIN model provides bilingual coaching staff (Spanish/English) as well as a contract for language access and translation in all languages other than Spanish/English. Implementation of the QIN is and will be provided through long standing community based organizations in the District well known to the public at large as supportive, multicultural, family-centered agencies.

Quarterly provider meetings strategically provide a local networking opportunity for outreach within and between the community-based organizations, and for those that function as independent small businesses opportunities to learn from same language peers about child care licensing requirements is primary. In addition, cultural kinship, word of mouth at community centers and events, recruitment posters, OSSE sponsored events for parents and families, and OSSE sponsored professional development events for providers (field trips, arts integration and education programs) all entail multicultural infusion to the interests and recruitment of new providers.

OSSE is also recruiting through a career and technology program entitled First Step. The pilot program will be located in one high school in the District for 20 students who are interested in a career in early childhood. First Step is designed to build workforce capacity as high school students will graduate with six college credits and a stackable credential, the Child Development Associate Credential (CDA) that leads to employment and/or higher education.

6.1.8 Describe how the State/Territory will recruit providers with limited English proficiency, or who will serve and be available for families with limited English proficiency.

OSSE provides a grant to a community based organization that conducts outreach and recruitment to attract culturally and linguistically diverse providers to become child care providers in their homes or in centers throughout the District. Coaching, technical assistance and mini grants are provided to ensure the District has a diverse pool of providers that are able to meet the needs of children and families. The Quality Improvement Network (QIN) also helps recruit multicultural professionals to the workforce and provides bilingual coaching staff.

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

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available

Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce

Other \_\_\_\_\_

None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

The District of Columbia offers both oral translation services to individuals who seek to access or participate in the services, programs or activities and written translation services of vital documents (applications, notices, complaint forms, legal contracts, and outreach materials that inform individuals about their rights or eligibility requirements for benefits and participation) in the following languages: Amharic, Spanish Chinese, French, Vietnamese, and Korean. OSSE contracts with various companies and utilizes Language Access, an online translation service, for translation and support services.

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

- Yes. The State certifies that no later than September 30, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. OSSE will provide professional development with a sequential learning approach that addresses the complexity of homelessness. OSSE will coordinate an orientation to this special population, including topics relevant to homeless children and their families such as:

- McKinney Vento
- Routines that support emotional wellbeing and stability in the classroom
- Recognizing signs of stress in young children
- Eco mapping: A Tool for Assessing Support Systems
- Engaging and supporting families experiencing homelessness

The OSSE facilitates collaboration and partnership through District of Columbia's community based organizations that serve homeless families to improve developmental outcomes for children at risk for delay or who were found not eligible for Part C services and for children at-risk for delay. Families of children under 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 an early intervention service providers.

The Virginia Williams Family Resource Center serves as an intake hub for screening and placement for families with emergency housing needs and other needs and OSSE has established a collaboration with the Center. OSSE will develop a Frequently Asked Questions document for child development and homeless liaison providers that addresses the needs of children and families experiencing homelessness. The McKinney Vento team will provide training for child development directors and enrollment coordinators on how to identify and support families that are homeless.

No. The State/Territory must provide a State/Territory-specific implementation

- Overall Target Completion Date (no later than September 30, 2016)

Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented

- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) In Progress -
- Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for completion of this activity
    - Partners – Who is the responsible agency partnering with to complete this activity

## 6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside as discussed in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

Yes. If yes,

- a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory.

OSSE collects quantitative and qualitative data and uses it to inform workforce needs. Examples include Unusual Incident Reports, assessment results (CLASS, ITERS, FCCERS) and education monitoring reports from grantee programs. OSSE analyzes trends in

enrollment and participant evaluation data for all events and training opportunities. OSSE grantees and contractors submit monthly reports electronically through a grants management system database.

For professionals earning credentials and higher education degrees through scholarships, grantees monitor recipients and submit monthly reports including quantitative and narrative information. Quantitative data includes the number of enrolled professionals, completed courses, credentials and degrees. Qualitative data is submitted in checklist or narrative format.

OSSE has a professional development registry and is exploring system enhancements that will better support providers in accessing professional learning opportunities and capture more information about the workforce.

b) Indicate which funds will be used for this activity (check all that apply)

**CCDF funds.** CCDF Discretionary Funds will support the professional development system including scholarships and professional development offerings.

**Other funds.** Locally appropriated funds will support the professional development system, scholarships and professional development opportunities for early learning professionals.

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Center for Social Emotional Foundations of Early Learning, Child Development Associate (CDA); Better Kid Care; AA (Infant Toddler concentration); DC Common Core Early Learning Standards; Program for Infant Toddler Care (PITC); Caring for Children Standards for Health and Safety.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social and emotional development and reduce challenging behaviors, including reducing expulsions of preschool-aged children for such behaviors (see also Section 2). Describe

Center for Social Emotional Foundations of Early Learning; Child Development Associate (CDA); Better Kid Care; AA (Infant Toddler concentration); DC Common Core Early Learning Standards professional development; Program for Infant Toddler Care (PITC). Healthy Futures, funded by the DC Department of

Behavioral Health, 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
- Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards, for at least the year prior to kindergarten entry. Center for Social Emotional Foundations of Early Learning; Child Development Associate (CDA); Better Kid Care; AA (DC Common Core Early Learning Standards includes standards addressing early education through pre-K Exit; Program for Infant Toddler Care (PITC); Caring for Children Standards for Health and Safety.

OSSE offers the Anti-Defamation League- A WORLD OF DIFFERENCE TRAINING, an anti-bias training and resources in partnership with Sesame Street. The goal is to assist caregivers, educators and family members in daily practice that sustains bias-free early childhood programs, that encourages children to appreciate diversity at an age when the seeds of prejudice can begin to take root. ADL's professional facilitators provide this training for early childhood caregivers, educators and family members of children ages 3 - 5. Facilitator techniques such as small and large group discussion, role-plays, videos, case studies, and goal setting increase participants' understanding of bias and discrimination and provide ways to effectively interrupt acts of bigotry.

OSSE offers the modules for inclusive practice, including culturally and linguistic responsive practices of the Center for Social Emotional Foundations of Early Learning modules for infant toddler and preschool programs.

OSSE state-based staff and coaching cohort attended the Program for Infant Toddler Care (PITC) intensive training of trainers (ToT) and will be offering module training on cultural and linguistic differences in the research-based approach to relationship-based care through the quarterly catalog during 2016.

- On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development.

Through partnership with the Department of Health and the Department of Behavioral Health, OSSE provides oral health and behavioral health supports to children enrolled in the Quality Improvement Network.

Using data to guide program evaluation to ensure continuous improvement. Describe \_\_\_\_\_

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe Quality Improvement Neighborhood - Early Head Start Child Care Partnerships; DC Promised Neighborhood; DC Public Library –Anacostia Branch; Byte Back (computer literacy)

Caring for children with disabilities and developmental delays.

Act Early: See the Signs Center for Disease Control professional development web-based series; OSSE DC Early Learning Catalog; DC Early Intervention

Supporting positive development of school-age children.

OSSE provides support professional development through the DC CCELS offerings in the Early Learning Foundations catalog; Elementary and Secondary STEM, Arts Integration (STEAM) professional development sessions and events; and Part B, Early Stages, and school-age professional development on an ongoing basis through OSSE.

Other. Describe \_\_\_\_\_

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary 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 postsecondary training including financial aid and academic counseling

Coaching and academic counseling is available through the T.E.A.C.H. scholarship program, an OSSE funded grant.

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

OSSE provides grants to support T.E.A.C.H. scholarships and CDA grant scholarships. The workforce also has access to scholarship funding at the University of the District of Columbia (UDC and UDC CC) early childhood education programs.

Other. Describe \_\_\_\_\_

No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

- 1) Number of pre-service hours and any required areas/content 18-30
- 2) Number of on-going hours and any required areas/content 18-30

b) Licensed Group Child Care Homes

- 1) Number of pre-service hours and any required areas/content 18
- 2) Number of on-going hours and any required areas/content 18

c) Licensed Family Child Care Provider

- 1) Number of pre-service hours and any required areas/content 18
- 2) Number of on-going hours and any required areas/content 18

d) Any other eligible CCDF provider

- 1) Number of pre-service hours and any required areas/content \_\_\_\_\_
- 2) Number of on-going hours and any required areas/content \_\_\_\_\_

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Fully implemented. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance \_\_\_\_\_

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and

descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30,2016
- Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented The District currently provides a limited number of training opportunities in business practices. OSSE is researching this area to identify quality professional development options for early childhood centers and family child care homes. Training topics will include financial management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications.
- Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) partially completed

Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

- Review, compile and analyze local and national resources on best practices for child care business owners and directors.
- Engage the SECDCC Program Quality Committee in identifying on-line and in-person learning opportunities.
- Identify and certify trainers that offer business practices for child care center directors and owners.
- Implement Business Practices Training.

**Projected start date for each activity:**

- Review, compile and analyze local and national resources on best practices for child care business owners and directors – January 2016.
- Engage the SECDCC Program Quality Committee in identifying on-line and in-person learning opportunities – February 2016.
- Identify and certify trainers that offer business practices for child care center directors and owners – March 2016.
- Implement Business Practices Training – June 2016.

**Projected end date for each activity**

- Review, compile and analyze local and national resources on best practices for child care business owners and directors – May 2016.

- Engage the SECDCC Program Quality Committee in identifying on-line and in-person learning opportunities – May 2016.
- Identify and certify trainers that offer business practices professional development for child care center directors and owners – June 2016.
- Implement Business Practices Training – August 2016.

Agency – Who is responsible for completion of this activity OSSE

Partners – Who is the responsible agency partnering with to complete this activity? Local libraries, SECDCC, national organizations, local nonprofit and for profit enterprises.

### 6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will 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, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory’s early learning and development guidelines appropriate for children from birth to kindergarten entry.

The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council or other state- or state-designated cross-agency body if no SAC
- Updated as determined by the State. List the date or frequency

The DC Common Core Early Learning Standards are currently aligned with the Head Start Framework (2010) and the Common Core State Standards for Language Arts and Mathematics (2010). The DC CCELS comprises nine domains of development and learning, and thirty-four standards.

The DC Common Core Early Learning Standards are currently aligned with the Head Start Framework (2010) and the Common Core State Standards for Language Arts and Mathematics (2010). The DC CCELS comprises nine domains of development and learning, and thirty-four standards. OSSE provides training and technical assistance to support implementation.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency’s policy citation(s) and describe using 6.3.2 through 6.3.4 below

- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Projected start date for each activity
  - Overall Target Completion Date (no later than September 30, 2016)
  - Unmet Requirement(s) – Identify the requirement(s) that is not fully complete or implemented
  - Current Status – Describe the State/Territory’s status toward completion for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other)
    - Tasks/Activities – What specific steps will you take to complete the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
      - Projected start date for each activity
      - Projected end date for each activity
      - Agency – Who is responsible for completion of this activity
      - Partners – Who is the responsible agency partnering with to complete this activity

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

Birth-to-three

Three-to-Five

Birth-to-Five

Five and older (check if State/Territory has standards for five and older that are different from k-12 school standards). Describe

Other. Describe \_\_\_\_\_

Please provide a link to the State/Territory’s early learning and development guidelines.

<http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/DC%20Early%20Learning%20Standards2013.pdf>

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children’s cognitive, physical, social and emotional development and support children’s overall well-being?

- Yes, the State/Territory has a system of technical assistance operating State/Territory-wide
- Yes, the State/Territory has a system of technical assistance but not State/Territory-wide
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

Child care providers are supported in developing and implementing curriculum/learning activities based on the State’s/Territory’s early learning and development guidelines. Describe

OSSE provides Early Learning Standards training and technical assistance (T/TA) for teachers and administrators. The T/TA is selected and prioritized based on data from a variety of sources including, but not limited to: community requests and workgroups, analysis of CLASS, ITERS, FCCERS and ECERS assessment data scores, Education Services Monitor program reports, licensing inspection reports, and Unusual Incident Reports.

OSSE offers a range of professional learning experiences to enhance the infrastructure of professional development for providers including:

- Traditional Course offerings: The Early Learning Course Catalog is published quarterly and encompasses the foundation of the DC Common Core Early Learning Standards, as well as cross-sector targeted subject matter that is aligned with identified needs. The catalog selections range from basic to advanced learning opportunities in eleven core knowledge areas for professionals who work across different early care and education settings.
- Communities of Practice: Communities of Practice (CoP) are groups of people who share a concern or a passion for something they do, and actively learn how to do it better as they meet regularly and receive technical assistance and feedback. In the past two years OSSE has introduced CoPs around cutting edge topics in early childhood education including DC Early Mathematics Collaborative, Early Literacy, CLASS Dimensions and participation in the Science Education Leadership Cadre. Priority examples for the upcoming years are the Cradling Literacy (a birth to three early literacy initiative), a pre-K Language Learning and Early Literacy program, and the Program Administration Scales (a program management tool for self-assessment).
- DC Early Learning Standards 301 -Field Trip Fridays: These hands on learning opportunities are planned throughout the fiscal year and provide an opportunity for teachers, administrators, coaches, and family child care home providers to explore the Early Learning Standards through hands-on activities; collaborate and network with their peers and colleagues; and avail themselves of free cultural and educational resources in the District.

- PD On-Demand/On-site: OSSE will provide extensive on-site technical assistance and site-based trainings on the DC CCELS to the community during the months of December, January, and February.
- PD Coaching and Technical Assistance: The Division of Early Learning supports technical assistance through the coaching for classroom teachers, and coaching for the Early Head Start Child Care Partnerships centers and family child development homes.
- PD Campaign Initiatives: OSSE participates in the development of an annual conference, and supports the workforce through high profile campaign topics designed to expedite awareness and behavior change. This strategy is responsive and used to move the work force toward career pathways and targeted areas of interest. Also, it is the means for T/TA and fast-track implementation of best practice. In some cases, topic choice relates to local emergent needs, as well as national awareness campaigns such as: 1) Early Head Start, and routines and relationship-based care of infants and toddler age children and parents, and 2) family and community engagement.

The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe

Child care providers working with infants and/or toddlers have access to the technical assistance for developing and implementing early learning and development guidelines.

OSSE has supported and sustained infant and toddler quality improvement initiatives using a technical assistance coaching support system and is currently working with technical assistance providers and other key stakeholders to develop a state-based coaching model that will support early learning professionals in improving their practice.

The Early Head Start (EHS) Child Care Partnerships QIN provides continuous, intensive coaching with teacher/provider staff to ensure fully compliant programs, enhance competency, while implementing the comprehensive EHS framework with all partnering programs. QIN partner programs currently receive coaching on PITC pedagogy, reducing risks while promoting health and safety, and utilizing data assessment to inform positive changes and best practices.

OSSE provides technical assistance on understanding and using the Classroom Assessment Scoring System (CLASS) data for Infants and Toddlers to improve program quality. Data engagement meetings support program leaders in learning more about the CLASS data and how to use it to improve outcomes for children. Program leaders are given their program and classroom level reports on the CLASS observation prior to the data engagement meeting. During the meeting, program leaders ask specific questions based on the information in their program/class level reports. The information exchange assists attendees in effectively using their data.

Additionally, OSSE Education Services Monitors and professional development staff are certified PITC trainers and use the knowledge and information to provide technical assistance to child development centers and homes.

Child care providers working with preschool-age children have access to the technical assistance for developing and implementing early learning and development guidelines. Describe

Professional development offerings in the DC Early Learning Foundations Catalog – entitled DC Common Core Early Learning Standards 101, 201, and 301 – are provided with intentional scaffolding and immerse early care professionals, teachers, administrators, coaches and specialists in the continuum of learning. Through these offerings, they gain a thorough understanding of the early development that is expected of all young children (from birth through exit from pre-Kindergarten).

The implementation of technical assistance through an early literacy community of practice (CoP), introduced in 2013, exemplifies a move to center-based, side by side observations, and incorporates feedback sessions and a coaching model. This investment was well-received by the District’s early learning professionals. The DC CCELS 301 is a hands-on training that provides strongly integrated teaching for coaches, family child home providers, teachers, and administrators.

Additionally, partnerships between OSSE and community experts on the arts and sciences include hands-on technical assistance with teachers and family child care home providers, incorporating active engagement with STEM, arts integration, early mathematics and early literacy immersion experiences to comprehensively support school readiness for young children.

Child care providers working with school-age children have access to the technical assistance for developing and implementing early learning and development guidelines. Describe Child care providers working with school-age children and out of school time programs have full access to the Early Learning Foundations Catalog offerings and, specifically, the DC CCELS 101, 201 and 301 training opportunities offered each month in English (and four times annually in Spanish).

Indicate which funds are used for this activity (check all that apply)

CCDF funds. CCDF Discretionary funds will be used to support the professional development system, communities of practice and supports for continuous quality improvement.

Other funds.

6.3.4  Check to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- 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 effectiveness of child care programs

## **7 Support Continuous Quality Improvement**

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. States and Territories will report on these quality investments in three ways. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period. For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

- 10) 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, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

## 7.1 Activities to Improve the Quality of Child Care Services

- 7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services.

The District's early learning strategic plan was established by the SECDCC and focuses on building a comprehensive early learning and development system that integrates and aligns policies, services and programs in pursuit of better outcomes for the District's youngest children, particularly children who face multiple risk factors to their learning and development. The following goals drive the District's system building work:

- All District **children**, birth through age 8 will develop in comprehensive and enriching environments.
- All **families** of children, birth through age 8, are linked to opportunities and resources that strengthen their role as parents.
- **Professionals** working with young children have the knowledge, skills, and supports to work effectively with and on behalf of children and families.
- All **communities** (neighborhoods in all Wards of the District of Columbia) are safe places where resources are available to help children and families thrive.

As a result of these shared goals and our strategic approach, the District will realize the following outcomes:

- Significant decrease in the school readiness gap and the academic achievement between populations of children.
- Improved knowledge and practice of nurturing behaviors, parenting, nutrition and wellness among families and early childhood professionals.
- Increased number of environments, including but not limited to early childhood and development settings, providing early identification, intervention, supports, and mental health consultation.
- Increased number of children who live in safe, stable, and supportive families.

- Increased number of children receiving developmental screens in a timely manner, including Medicaid-eligible children who will receive EPSDT screening on a periodicity schedule that meets the recommendations of the American Academy of Pediatrics
- Improved access for families to information about high-quality early childhood and development settings for their children.
- Increased number of early childhood professionals that have a clearly articulated path that is inclusive of teacher preparation programs for career advancement and aligns with the Workforce Knowledge and Competency Framework.
- Increased number of neighborhood clusters that have access to high-quality early childhood development programs.

The SECDCC's early learning plan includes six key strategies to advance our goals and achieve outcomes for children, families, professionals and communities:

- **Enhance the District's Quality Rating and Improvement System (QRIS), *Going for the Gold*.** Currently, the District's QRIS only applies to providers in the subsidy system. By revising its QRIS, the District will have a common method for assessing and communicating the level of quality in ALL publicly funded early care and education programs for children birth to age five.
- **Expand Infant & Toddler Capacity and Quality.** The District's universal pre-K program for all three- and four-year old children has resulted in dramatic increases in the participation of children with high needs in high quality pre-k.<sup>1</sup> The District must now shift to increasing the availability and quality of programs serving infants and toddlers with the same sense of urgency and intentionality it had when it achieved its status as the nation's leader in public pre-k. Over the last three years, the District has invested nearly \$18 million in new investments to build the supply of high quality infant and toddler child care for families who can least afford it. These resources have been targeted to increase the reimbursement rates to providers serving infants and toddlers in our child care subsidy program and improve child care facilities to expand the supply of infant and toddler child care in the District by an additional 200 slots.
- **Create Health and Early Childhood Education Linkages:** The District has one of the highest rates of *insured* children in the country; as such the health care system is a critical partner in addressing the health, behavioral health and developmental needs of children in order to improve school readiness and later school success. In fact, during the infant and toddler years, child health practitioners often represent the only professional seeing the child and therefore are in a position to identify and respond to developmental concerns. There is a growing base of innovative practices and an emerging field of research and knowledge on the efficacy of early

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<sup>1</sup> See LEARNDC for the 2015 Annual Pre-k report and for an archive of previous reports.

childhood primary care practice interventions that support school readiness goals, particularly when health practitioners are linked to early learning and development programs.

- **Implement Pre-K to 3<sup>rd</sup> Grade Approaches.** With universal access to pre-K, the District’s public education system is truly a P-12, rather than a K-12 system – with the great majority of pre-k programs being delivered within elementary schools. As such, the District is poised to ensure that children’s gains made in pre-K are sustained in the K-3 grades in order to close the achievement gap. Research shows that intentional efforts must be implemented to promote pre-K to 3<sup>rd</sup> grade continuity. Improving our structure of school accountability to more explicitly incorporate children’s progress during these critical years is essential.
- **Develop and Utilize a Comprehensive Early Childhood Data System.** The District will build on the foundation of our existing State Longitudinal Education Data system (SLED) and the District of Columbia Access System (DCAS) to develop, manage and use data to improve the quality of the District’s birth to five system and look at children’s progress and outcomes over time. Using a common identifier, the data system will integrate data across multiple state departments and agencies including health, human services, education, and health care finance where appropriate. Using data in SLED and DCAS, the District will regularly generate information that is timely, relevant, and accessible. Policymakers, early learning and development programs and early childhood educators will use this data to continuously improve, make key decisions, and informs parents and other community stakeholders about the status of early learning in the District.
- **Produce citywide and neighborhood level school readiness data and maps.** The District will implement the Early Development Instrument (EDI), a valid and reliable school readiness measure, in all pre-K 4 classrooms every three years. The EDI maps and data will represent children’s health and development across multiple domains, overlaid with other data including risk factors and community assets. The EDI data will allow the District to make evidence-based decisions when targeting early childhood resources, conducting strategic planning (both internal and external to government), and tracking the impact of early learning policies and investments on child outcomes over time.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe: CCDF Discretionary funds will be used to collect, analyze and report on CLASS data and Infant Toddler

Environment Rating Scale and Family Child Care Environmental Rating Scale data. Funds will also be used to support QRIS facilitators and coaching support for providers.

Other funds. Describe Locally appropriated funds will be used to implement the QRIS including outreach and marketing materials to promote the QRIS with consumers and other key stakeholders.

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. CCDF Discretionary funds will be used to support mini-grants and technical assistance to improve the quality of infant and toddler care.

Other funds. Describe: Private philanthropic funds and locally appropriated funds will be used to enhance and expand infant and toddler facilities.

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF Discretionary funds will be used to enhance and expand the services and supports of the CCR&R to include a more integrated and robust system of supports for families and providers that includes scholarships; coaching and technical assistance; and mental health consultation.

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 7.5.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. CCDF Discretionary funds will be used to support professional development for the licensing specialists.

Other funds. Locally appropriated funds will be used to support staff training, implementation of new health and safety standards and the monitoring of child development facilities.

Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. CCDF Discretionary funds will be used to support the Classroom Assessment Scoring System (CLASS) evaluation for the state's enhanced Quality Rating and Improvement System (QRIS).

Other funds. Describe Locally appropriated and private philanthropic funds will be used to support the staff that will facilitate the QRIS and analyze and report the results.

Supporting accreditation. If checked, respond to 7.7.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe \_\_\_\_\_

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 7.8.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds will be used to support the development of guidance on mental health

Other funds. Describe \_\_\_\_\_

Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

Indicate which funds will be used for this activity (check all that apply)

**CCDF funds. Describe** CCDF Discretionary funds will be used to administer a population based measure of school readiness that will allow OSSE to measure child outcomes and the impact of the District's collective efforts to develop and improve an early childhood system that is focused on improved outcomes for young children and their families.

**Other funds. Describe** locally appropriated funds will provide support for provider training around emergency preparedness and child safety and guidance around implementation of the new licensing rules and regulations.

## 7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

- Yes, the State/Territory has a QRIS operating State/Territory-wide.
- Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide.
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- Supports and assesses the quality of child care providers in the State/Territory
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- Designed to improve the quality of different types of child care providers and services
  - Describes the safety of child care facilities
  - Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, 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. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality Providers receive higher reimbursements based on the level of quality.
- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating.

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/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 pre-kindergarten or preschool program
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Other. Describe.

7.2.2. Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

The current Quality Rating System, Going for the Gold, is a tiered rate reimbursement system based on accreditation. The purpose of this system is as follows:

- to identify and reward programs that attain accreditation
- improve the quality of child care in the District of Columbia
- encourage providers to participate in the subsidy system
- increase compensation for exceptional programs
- provide a vehicle for families to access information regarding high quality care for children.

Although the "Going for the Gold" fulfilled most of the intended purposes, a need to enhance and expand the current system was identified after the Pre-K Act was enacted and a three sector system of service delivery, DC Public Schools, public charter schools and community based organizations, was codified. DC's enhanced QRIS will provide a common measure of quality that will inform consumers and help target investments and planning across all three systems.

The Office of the State Superintendent of Education (OSSE) has devoted significant time to developing an enhanced QRIS. OSSE contracted with the BUILD Initiative and engaged the National Center on Quality in support of this work over the past two years. The enhanced QRIS is outcome focused and will be piloted in 2016 with the goal to begin full implementation in 2017. The framework includes Learning Environment, In-seat Attendance (pre-K only), Child Outcomes and Continuous Quality Improvement.

### **7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers**

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and 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.

7.3.1 What activities are being implemented by the State/Territory to improve the supply 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, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their 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 seven state level Early Head Start-Child Care (EHS-CC) Partnership 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. Through this initiative, OSSE developed a community-based Quality Improvement Networks (QIN) comprised of three neighborhood-based hubs 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 have agreed to meet Early Head Start Program Performance Standards. All services will be full-day, minimum of 10.5 hours a day and full-year, at least 48 weeks. At least 50 percent of the project's enrollment will be EHS-eligible children, and 100 percent of enrolled children will receive child care subsidies. This initiative will increase the supply of high-quality infant and toddler care in the District and supplement and enhance the quality of services provided to all children enrolled in the child care partner sites. As the first phase in a five-year program, the combined funding comprised of locally appropriate funds and federal assistance will provide high quality, comprehensive, infant and toddler development services to 200 EHS-eligible children and reach a total of 440 low-income children in EHS-CC Partnership slots in the first year of the grant. The project will add child care capacity in the District by allowing existing child care providers that are selected to participate in the networks (Partner Sites) to convert existing child care subsidy slots to or add new EHS-CC partnership slots based on the physical capacity of the site and community needs. Federal funding covers technical assistance to enhance quality and instructional coaching for infant/toddler teachers in partner sites. Local funding will support the provision of comprehensive services. The QIN will ensure more infants and toddlers and their families benefit from early, continuous, intensive, and comprehensive child development and family support services meeting EHS standards. In addition to enhancing existing subsidy slots through this initiative, the District will add 1,000

new slots for infants and toddlers with local funding and create additional neighborhood-based QINs over the next five years

**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 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 ten child development home providers and continues to recruit home providers out of its existing partnerships established through the Licensing and Technical Assistance grant from OSSE. 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.

**Providing training** and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. The QIN coaches and infant and toddler specialists are trained in the PITC coaching model and provide weekly coaching and support to infant and toddler teachers.

Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe.

The District provides ongoing professional development opportunities for infant and toddler professionals. In FY15, the district conducted over 150 professional development trainings specific to infant and toddler teachers and administrators free of charge. The District also has approximately 100 OSSE approved professional development trainers that are certified in the infant and toddler development content area. Below are some of the infant and toddler trainings that are offered annually:

Social and Emotional Foundations of Early Learning (based off of CSEFEL); The DC Common Core Early Learning Standards; Addressing the Impact of Parental Incarceration on Children, Families, Schools and Communities; Preventing Sudden Infant Death Syndrome; Diapering A to Z; CLASS Trainings specifically for Infants and Toddlers; Stewards of Children; Adult and Pediatric First Aid; Nutrition for infants and Toddlers; Intentional Lesson Planning; Ages and Stages Questionnaire; Infants and Toddlers: Early Brain Development, Learning, and Mental Health;

**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.) The OSSE is the lead agency for the District's Early Intervention (Part C)

Program (DCEIP). 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 of its early education and care programs, DCEIP maintains both in-house and contracted staff to provide child find; evaluation/assessments; direct early intervention services; and service coordination. DC EIP serves approximately 750 children and their families per year.

Developing infant and toddler components within the State's/Territory's QRIS. Describe.

Developing infant and toddler components within the State/Territory's child care licensing regulations. 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 development guidelines. 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. The revised standards have a continuum of learning and development expected of all young children from birth through third grade. 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. A grant award with the child care resource and referral agency (CCR&R) is in place 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. Additionally, informational brochures are distributed to parents that address the importance of quality and different child care options. 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.

**Carrying out** other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. 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.

Other. Describe \_\_\_\_\_

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

- Increase the number and quality of trainings provided to infant and toddler professionals;
- Increase the percentage of professionals completing infant and toddler trainings;
- Increase by 10 percent annually the number of facilities that improve its quality rating.
- Decrease the number of health and safety compliance issues identified in child care licensing programs serving infants and toddlers.

#### 7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

- State/Territory has a CCR&R system operating State/Territory-wide.
- State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide.
- State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

OSSE currently contracts with a local community based organization to operate a child care resource and referral (CCR&R) hotline, conduct community outreach and assist providers in accessing information and materials. The CCR&R provides parents and caregivers with information, education and resources that help support children's development and learning. The CCR&R provides a walk-in and online resource library filled with books, articles, and brochures to help answer questions about child development and other topics important to

parents and caregivers. The CCR&R also provides information about the different types of early learning and development programs, and helps families find a high quality early learning and development provider in their area.

The CCR&R will be involved in the implementation of the enhanced quality rating and improvement system (QRIS) including providing marketing for the QRIS and technical assistance and coaching supports to rated programs. The CCR&R will be involved in the planning and promotion of the QRIS. The measure of success will be the number of programs progressing into high quality levels and the number of children enrolled in higher quality care.

## **7.5 Facilitating Compliance with State Standards**

7.5.1 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:

- On-line and in-person trainings on new licensing regulations and the required trainings.
- Technical assistance from experts and consultants on regulatory compliance practices, technologies and processes; and updates to monitoring tools and interpretative guidelines.
- Upgrade and improve online content on licensing requirements and provider resources.
- Provide on-going health and safety training and resources to providers.
- Conduct additional provider meetings and trainings on licensing regulations and child care and health and safety practices.
- Support providers in making necessary changes by providing timely and written feedback on licensing visits and inspections.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

- Number of centers and homes achieving highest quality tier level on the state's enhanced QRIS.
- Improvement in health and safety ratings as measured on environmental health and safety reviews conducted by licensing specialists.
- Scores on the CLASS, ITERS, and FCCERS.
- Percentage of licensing staff completing competency-based training and staff development.

- Results of provider surveys on the quality of monitoring visits and their satisfaction with the quality of available resources
- Number of provider trainings conducted and percentage of providers attending sessions

## 7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates how such programs positively impact children

The District primarily relies on the Classroom Assessment Scoring System (CLASS) as our measure of quality. In 2015, the District conducted CLASS observations in every preschool classroom receiving CCDF funds. Additionally, 209 infant and toddler classrooms that receive CCDF funds were also assessed using the CLASS Infant and the CLASS toddler. The Family Child Care Environment Rating Scale–Revised (FCCERS-R) and the Infant/Toddler Environment Rating Scale-Revised (ITERS-R) are also used to measure the quality of child care programs. OSSE will use the Early Development Instrument, a population based measure of school readiness to measure improvements in child outcomes.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory

The following are a description of instruments used for program quality evaluation, teacher effectiveness observation and student outcome evaluation.

### 1) Program Quality Evaluation

- ITERS-R (Infant/Toddler Environment Rating Scale – Revised Edition) is an observation instrument designed to assess programs for children from birth to 30 months of age. It measures spatial, programmatic, and interpersonal features of the program environment. ITERS-R has 39 items that are organized into seven subscales: 1) Space and Furnishings, 2) Personal Care Routines, 3) Listening and Talking, 4) Activities, 5) Interaction, 6) Program Structure, and 7) Parents and Staff. Scoring of this instrument ranges from 1 (inadequate), 4 (minimal), and 7 (excellent).
- FCCERS-R (Family Child Care Environment Rating Scale – Revised Edition) is an observation instrument designed to assess family child care programs conducted in a provider's home for children from infancy through school-age. It measures spatial, programmatic, and interpersonal features of the program environment. This instrument contains 37 items and seven subscales: 1) Space and Furnishings, 2) Personal Care Routines, 3) Listening and Talking, 4) Activities, 5) Interaction, 6) Program Structure, and 7)

Parents and Provider and contains 43 items. Scoring of this instrument ranges from 1 (inadequate), 4 (minimal), and 7 (excellent).

2) Teacher Effectiveness Evaluation

- a. CLASS Pre-k: The CLASS Pre-K has nine subscales to assess classroom quality in terms of emotional and instructional climate and quality of teacher-child interactions, which includes classroom management and instructional supports for learning. Each subscale is rated on a 7-point scale ranging from 1 or 2 (classroom is low on that dimension) to 6 or 7 (classroom is high on that dimension).
- b. CLASS Infant (CLASS-I): The CLASS-I includes one (1) broad domain of Responsive Caregiving and four (4) dimensions. In CLASS-I, Responsive Caregiving refers to specific teaching behaviors that include participation in shared experiences and play; attending quickly to infants' cues and needs; following infants' leads and expanding on them; monitoring infants' behavior and sounds; and engaging in back and forth communication exchanges. Responsive Caregiving acknowledges that infants each have their own preferences, interests, and needs. Teachers are more effective when they pay careful attention to infants as individuals and respond in a way that will best meet each infant's particular needs. This responsive Caregiving builds a foundation of trust and security and supports infants as they learn about and explore the world around them.
- c. CLASS Toddler (CLASS-T): The CLASS-T describes two (2) domains of Emotional and Behavioral Support and Engaged Support for Learning and eight (8) dimensions of teacher-child interactions that support children's learning and development. In CLASS-T, Emotional and Behavioral Support refers to specific teaching and behaviors that help children develop warm, supportive relationships, experience enjoyment and excitement about learning, feel comfortable in the classroom, experience appropriate levels of autonomy or independence, develop behavioral regulation, meet behavioral expectations, and fully participate in classroom activities. Engaged Support for Learning refers to specific teaching behaviors that include the facilitation of activities that enhance children's thinking, reasoning, and verbal skills, build their knowledge of the world, and encourage persistence, attention, and motivation.

3) Student Outcome Evaluation

- a. The Early Development Instrument (EDI) tool is an assessment that provides a population based measure of how young children are developing in neighborhoods in 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, & communities in a variety of ways:
  - a. Provides a community measure of school readiness that can be used to look back and 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

- b. Helps forge partnerships between schools and the broader community of early childhood stakeholders

## 7.7 Accreditation Support

7.7.1 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 State/Territory-wide
- Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide
- No, but the State/Territory is in the development phase.
- No, the State/Territory has no plans for development

If yes, identify all types of accreditation the State/Territory supports child care providers in achieving.

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

## 7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe:

The District has proposed new licensing regulations that incorporate key components of the Caring for Our Children Standards. This work has been funded through the Early Childhood Comprehensive Systems Grant through the Maternal and Child Health Bureau. Additionally, with the passage of the District of Columbia's Healthy Tots Act (HTA) in 2014, child development programs serving more than 50 percent children eligible for subsidy are required to participate in the Child and Adult Care Food Program. The HTA provides an additional enhancement to each meal as an incentive and outlines standards for physical health and well-being.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

- Number of centers enrolled in CACFP
- CACFP monitoring Visits
- Licensing inspections
- Enhanced QRIS – continuous quality improvement

## 7.9 Other Quality Improvement Activities

- 7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

OSSE will partner with the Department of Behavioral Health to expand research-based mental health consultation to child development centers and homes. Children will be measured using the Strengths and Difficulties Questionnaire and the Devereaux Early Childhood Assessment. Teachers will have the opportunity to reflect on their own practice and will receive coaching support.

## 8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

### 8.1 Program Integrity

- 8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements.

OSSE has hosted a number of Town Hall Meetings to share information on the reauthorization of the child care development fund block grant regulations. These meetings will continue through March 2016 to ensure that all community partners both public and private are informed of all aspects of the regulations and policy changes. Additional steps will include:

- Streamline and simplify current eligibility policies and procedures
- Regular training for agency staff and child care partners
- Monitor for compliance

OSSE is working with national and local experts to revise current eligibility and licensing policies to align with new The CCDBG Act of 2014 to ensure program accountability and fraud reduction.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
  - Orientations
  - Onsite training
  - Online training
- Regular check-ins to monitor implementation of the new policies. **Describe** OSSE conducts regular feedback sessions with staff and providers to ensure full implementation of all policy changes.
- Other. Describe

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1 such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

**Definition:** “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

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 a post award conference that includes a review of all of OSSE’s financial and programmatic policies and procedures as well as OMB circulars. OSSE’s grants management unit hosts an annual conference for all sub-recipients.

OSSE conducts annual onsite monitoring visits and program evaluations to all 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. All on-site visits support efforts to maintain quality and ensure compliance with OSSE agreements, grants, MOU's, annual renewal issuances, OSSE's quality tier reimbursement criteria, OSSE's internal policies and procedures, and the District's and CCDF regulations.

OSSE has implemented the Enterprise Grants Management System (EGMS). 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 project applications and awards of federal and state funds. EGMS offers grantees more convenience with a centralized location to manage the following:

- Identify and apply to OSSE grants;
- Track milestones of the sub-recipient's grant from start to finish; and
- Submit electronic reimbursement requests.

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 invoices in EGMS to determine that all expenses are aligned with the grantees' scope of work and approved budget. In addition, mid-and-year end reports are submitted to OSSE. These reports, along with onsite monitoring, provide a thorough review of the grantee's compliance with OSSE's approved work plan, budget, and performance goals. If corrective action is needed, grant monitors, along with the grantee, develop quality improvement plans to support compliance with the grant requirements.

#### Fiscal Monitoring

OSSE sub-recipients expending \$750,000 or more annually in federal funds must comply with the Federal Office of Management and Budget OMB – A133 Single Audit requirements for non-profit organizations and the Generally Accepted Government Auditing Standards' (GAGAS) which are the guidelines for the annual audit required by all for-profit organizations in receipt of \$750,000 or more in federal funds. These organizations must submit an Independent Auditor's Report with the financial opinion of a Certified Public Accountant. Sub-recipients with income and revenues less than \$750,000 annually must submit a financial review as conducted by a Certified Public Accountant with the corresponding notes and letter of opinion. Both financial reviews and audits must be conducted annually and should be submitted no later than nine months following the close of the provider's fiscal year.

Sub-recipients are required to submit monthly invoices that align with an OSSE approved budget. Sub-recipients that fail to comply with the terms of their grant will be required to return funds and will be barred from participating in CCDF funded programs for a minimal of one year.

#### Monitoring Licensing

The OSSE Child Care Licensing and Compliance Unit inspect all licensed child development facilities at least twice per year to ensure compliance with health and safety regulations as outlined in DCMR 29 and in the CCDF Plan.

#### Monitoring of the Monthly Attendance

The Education Service Monitor shall in any instance where 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 Child Care Subsidy Agreement for non-compliance and shall refer suspected cases of waste and fraud for investigation to OSSE's General Council and/or the District of Columbia's Office of the Inspector General and request termination of 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. Attendance is collected monthly and processed by the Attendance Coordinators. Attendance records may be audited at any time that discrepancies are suspected. When underpayments or overpayments are suspected, the Education Services Monitor conduct reviews of the attendance by collecting recent pay statements and attendance reports along with the facility's attendance roster and reconciles and compares these documents for errors, underpayments, overpayments or errors in names, services provided, start date or termination date, excused or unexcused absences and number of days served. The Education Services Monitor discuss all findings with the provider. In cases where there are substantial errors with the attendance the OSSE may impose sanctions such as Stop Placement Status or implement a corrective action plan. All suspected cases of fraud are forwarded to the OSSE's Office of the General Council.

#### Eligibility Monitoring

OSSE's Child Care Eligibility Monitoring Unit has the primary responsibility to monitor all eligibility determinations completed by intake/eligibility workers at the DC's Department of Human Services/Child Care Service Division and the Community Based Level II Provider sites. Level II providers are community based organizations and sub-recipients that have agreements with OSSE to complete on-site eligibility determinations for their programs only. Eligibility records are selected for review to verify the accuracy and completeness of the information used in the eligibility determination process. A percentage of applications processed by Level II eligibility workers are monitored on an annual basis. To ensure timely eligibility redetermination, the Child Care Eligibility Monitoring Unit shares pending eligibility determination statistical reports monthly with the Level II Providers. After annual monitoring visits the Annual Eligibility Assessment Review Report of findings with expected corrective actions is issued and is share with Level II providers and DHS/CCSD. The Child Care Eligibility Monitor conducts follow up visits to verify that the corrective actions have been completed, if needed.

- 8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities (or describe under “Other”) the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

-Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid)) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

-Run system reports that flag errors (include types). OSSE staff uses the “Pending Eligibility Report” to identify pending and late eligibility redeterminations errors. OSSE also uses the “Annual Eligibility Assessment Review Report” to flag errors.

-Review of enrollment documents, attendance or billing records

-Conduct supervisory staff reviews or quality assurance reviews

-Audit provider records

-Train staff on policy and/or audits

- Other. Identify the activity:

- The OSSE subsidy team collaborates and shares data with the District’s Department of 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 as well.
- A percentage of the Level II provider’s records are audited once a year. The review focuses on the five factors of Eligibility: Relationship, Residency, Legal Status (of the child), Need and Income.
- Records managed by DHS are randomly reviewed annually at a rate of 25%
- 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.
- 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.

- Staff in the Division of Early Learning (DEL) and the Data, Accountability and Research team (DAR) use 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
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines \_\_\_\_\_

b) Check which activities (or describe under “Other”) the Lead Agency has chosen to conduct to identify administrative error.

- Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid)) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- Run system reports that flag errors (include types). Describe 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.
- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits
- Other. Identify the activity:
  - The OSSE eligibility team collaborates and shares data with the District’s Department of 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 as well.
  - A percentage of the Level II provider’s records are audited once a year. The review focuses on the five factors of Eligibility: Relationship, Residency, Legal Status (of the child) Need and Income.
  - Records managed by DHS are randomly reviewed annually at a rate of 25%
  - The ESMs 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.

- 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.
- Staff in the Division of Early Learning (DEL) and the Data, Accountability and Research team (DAR) use data mining techniques to determine historic changes in rates and whether rate changes coincided with tier and payment adjustments.
- The ESM’s and eligibility monitors conduct quarterly trainings for providers on attendance and eligibility policies. Providers may also receive individual trainings if requested
- \_\_\_\_\_
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines \_\_\_\_\_

8.1.5 Which activities (or describe under “Other”) the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under “Other”) the Lead Agency will use for unintentional program violations ?

- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$500.00
- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments. Describe composition of unit below
- Other. Identify the strategy. \_\_\_\_\_
- None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines \_\_\_\_\_

b) Check which activities (or describe under “Other”) the Lead Agency will use for intentional program violations or fraud?

- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$100.00
  - Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
  - Recover through repayment plans
  - Reduce payments in subsequent months
  - Recover through State/Territory tax intercepts
  - Recover through other means
  - Establish a unit to investigate and collect improper payments. Describe composition of unit below
  - Other. Identify the strategy. \_\_\_\_\_
  - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines \_\_\_\_\_
- c) Check which activities (or describe under "Other") the Lead Agency will use for administrative error?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1.00
  - Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
  - Recover through repayment plans
  - Reduce payments in subsequent months
  - Recover through State/Territory tax intercepts
  - Recover through other means
  - Establish a unit to investigate and collect improper payments. Describe composition of unit below
  - Other. Identify the strategy. \_\_\_\_\_
  - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines \_\_\_\_\_

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? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

- Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified.

Every applicant or recipient has the right to appeal a decision made by the Department 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 copayment;
- The applicants' 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;
- The finality of the decision made by the Administrative Hearing Officer; and
- Receipt of the decision by the Hearing Officer in writing to all parties

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

The Provider may appeal the decision of the Assistant Superintendent of Early Learning by submitting a written request for an appeal and reconsideration to the Superintendent within fifteen calendars 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.

- Other. Describe. \_\_\_\_\_