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**Child Care and Development Fund (CCDF) Plan**  
**for**  
***The District of Columbia***  
**FFY 2025 – 2027**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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## Overview

### *Introduction*

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

### *Organization of Plan*

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

### *Completing the Plan*

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

### *Review and Amendment Process*

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

### *Appendix 1: Implementation Plan*

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

### *CCDF Plan Submission*

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

## 1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

### 1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

#### 1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
  - i. Name of Lead Agency: *Office of the State Superintendent of Education (OSSE)*
  - ii. Street Address: *1050 First Street, NE*
  - iii. City: *Washington*
  - iv. State: *DC*
  - v. ZIP Code: *20002*
  - vi. Web Address for Lead Agency: *www.osse.dc.gov*.
- b. Lead Agency or Joint Interagency Official contact information:
  - i. Lead Agency Official First Name: *Christina*
  - ii. Lead Agency Official Last Name: *Grant*
  - iii. Title: *Superintendent of Education*
  - iv. Phone Number: *202-727-6436*
  - v. Email Address: *Christina.Grant@dc.gov*

#### 1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC 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,

identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
  - i. CCDF Administrator First Name: *Sara*
  - ii. CCDF Administrator Last Name: *Mead*
  - iii. Title of the CCDF Administrator: *Deputy Superintendent of Early Learning*
  - iv. Phone Number: *202-506-0467*
  - v. Email Address: *Sara.Mead@dc.gov*
- b. CCDF Co-Administrator contact information (if applicable):
  - i. CCDF Co-Administrator First Name: *Christina*
  - ii. CCDF Co-Administrator Last Name: *Crayton*
  - iii. Title of the CCDF Co-Administrator: *Early Childhood Education Policy Officer*
  - iv. Phone Number: *202-257-3995*
  - v. Email Address: *Christina.Crayton@dc.gov*
  - vi. Description of the Role of the Co-Administrator: *Supports the overall management of the Child Care and Development Fund (CCDF) Plan implementation and is responsible for CCDF Plan amendments, coordinating with the Region III office, and general coordination with District staff.*

## 1.2 CCDF Policy Decision Authority

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

### 1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- ☒ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- ☐ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:

- i. Eligibility rules and policies (e.g., income limits) are set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- ii. Sliding-fee scale is set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- iii. Payment rates and payment policies are set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- iv. Licensing standards and processes are set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- v. Standards and monitoring processes for license-exempt providers are set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- vi. Quality improvement activities, including QIS, are set by the:
  - ☐ State or Territory.
  - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
  - ☐ Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level: [Click or tap here to enter text.](#)

### 1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify



which entity(ies) implements or performs CCDF services.

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

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

Other. List and describe any other State or Territory agencies or partners that implement or perform CCDF services and identify their responsibilities. *Licensed child development facilities that meet standards set by OSSE, also known as Level II providers, are authorized to conduct eligibility determinations.*

### 1.2.3 Written agreements and oversight

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

☒ Yes. If yes, describe:

*Eligibility determination: OSSE and the DC Department of Human Services (DHS), the District's Temporary Assistance for Needy Families (TANF) agency, have a Memorandum of Understanding (MOU), which includes specific tasks related to conducting eligibility determinations for the District's Child Care Subsidy Program. These tasks include ensuring the*

*accuracy of eligibility documentation, completing data entry into OSSE's Subsidized Eligibility and Assignment system, ensuring case records are secure and properly stored, and ensuring appropriate records retention. Level II providers authorized to conduct eligibility determinations have provider agreements with OSSE that outline the scope of Level II services, including eligibility determination tasks to be completed, timelines for completing those tasks, and monitoring and accountability requirements.*

*Assist parents in locating child care: DC Child Care Connections (DC CCC) is the District's child care resource and referral agency (CCR&R). OSSE funds DC CCC through a competitive grant, which outlines the consumer education tasks to be performed. Tasks outlined in the grant include connecting families with early care and education opportunities through various modes of communication; participating in community events to provide information and resources to parents, families, and child care providers; connecting early childhood education professionals to professional development opportunities including professional memberships and continuing education; providing technical assistance, consultation, and coaching to administrators within early childhood education facilities.*

☐ No. If no, describe: *Click or tap here to enter text.*

b. Schedule for completing tasks.

☒ Yes. If yes, describe: *The OSSE-DHS MOU includes timelines for the completion of tasks during the fiscal year covered by the MOU. This includes timelines for notifying OSSE of changes in residence or eligibility of child care subsidy recipients and transmitting applications for relative and in-home care to OSSE for processing. For Level II providers, timelines for the completion of tasks are outlined in the provider agreement. The grant funding DC CCC includes a work plan with timelines for completing tasks throughout the grant period.*

☐ No. If no, describe: *Click or tap here to enter text.*

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

☒ Yes. If yes, describe: *The OSSE-DHS MOU includes a budget for services provided. Level II providers do not receive a set payment for eligibility determination services. Rather, as outlined in the Level II provider agreement, they are permitted to keep any family co-pays received from families while also receiving the full subsidy payment amount from OSSE. This additional revenue, combined with the ability to more quickly fill enrollment vacancies, compensates Level II providers for the additional capacity required to conduct eligibility determinations. The grant funding DC CCC requires an itemized budget that covers proposed expenditures across salaries and benefits; professional services; equipment; supplies and materials; fixed property costs; and other objects and indirect costs.*

☐ No. If no, describe: *Click or tap here to enter text.*

d. Indicators or measures to assess performance of those agencies.

☒ Yes. If yes, describe: *The OSSE-DHS MOU requires OSSE to conduct onsite reviews to determine compliance with established policies, conduct follow-up visits to validate compliance, and conduct scheduled and unscheduled monitoring visits.*

*OSSE conducts annual audits and eligibility reviews of Level II providers' records. The percentage of eligibility records reviewed is determined by the site's total number of families enrolled in subsidized child care services.*

*The District measures progress on DC CCC activities through a monthly progress report*

*submitted to OSSE that tracks each contact made with families, providers, and others. Measurable indicators include the number of contacts made with families (e.g., for child care referrals) and providers (e.g., for technical assistance); visits to the website and lending libraries; books and other resources downloaded and borrowed from the website and lending libraries; and enrollment and attendance at professional development trainings. OSSE staff review and analyze data to ensure the tasks and requirements of the grant are met and identify opportunities for improvement.*

☐ No. If no, describe: *Click or tap here to enter text.*

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. *OSSE monitors all CCDF sub-recipients. Fully executed grant agreements and contracts are in place for all sub-contractors and/or sub-grantees and include, for each grant, a detailed scope of work including deliverables, activities, and reporting requirements to ensure compliance with grant terms and conditions. OSSE follows the agency-wide reimbursement request policy to ensure fiscal accountability by sub-recipients. Sub-recipient reimbursement requests and supporting documentation are reviewed by both a programmatic lead and a fiscal lead at OSSE to ensure payments are accurate and costs are allowable. Invoice submissions for contracts are also reviewed and approved by the program manager directly overseeing the work and the Director of Operations to ensure allowable uses of funds.*

#### 1.2.4 Information systems availability

Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

☐ Yes.

☒ No. If no, describe: *OSSE does not expend CCDF funds to develop any code or software for child care information systems or information technology and has no plans to use CCDF funds for this purpose during the timeline of the fiscal year 2025-27 (FY25-27) CCDF Plan.*

#### 1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

☒ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

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

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and

meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at [https://www2.census.gov/govs/cog/g12\\_org.pdf](https://www2.census.gov/govs/cog/g12_org.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

#### 1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: *OSSE met with and obtained input from the Deputy Mayor for Education (DME) on the District's CCDF Plan for FY25-27. The consultation provided an overview of the CCDF Plan and process and an update on new child care policies and programs. The consultation yielded critical feedback from OSSE's government partners and reaffirmed the District's commitment to access to affordable and high-quality child care for District families.*
- b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: *OSSE's Deputy Superintendent of Early Learning chairs the District's State Early Child Development Coordinating Council (SECDCC) and facilitates the SECDCC's engagement in developing the District's CCDF Plan for FY25-27. OSSE held four consultation sessions with the full SECDCC and offered three additional sessions for SECDCC members to contribute to the development of the CCDF Plan. Consultation sessions addressed general content and timeline for the CCDF Plan process, as well as engagement on specific topics, including the District's alternative methodology, disaster response and preparedness planning, quality activities, subsidy policies, and supply building.*
- c. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: *N/A*
- d. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: *OSSE worked with DC Action for Children and the Under 3 DC Coalition, two local stakeholder organizations with networks of early childhood educators, child care program leaders, and DC families, to host a townhall on the CCDF Plan. This event involved the participation of directors and teachers from child development facilities, as well as District parents. OSSE also engaged the District's Child Care Recovery Workgroup, a group of child development facility leaders who serve as an advisory body to OSSE, and representatives from the Multicultural Spanish Speaking Providers Association (MSSPA). Finally, OSSE engaged*

*with parents on the District's child care subsidy policies, consumer education, and quality initiatives through CCDF consultation sessions with the Quality Improvement Network (QIN) Parent Policy Council (the parent policy council of the District's Early Head Start-Child Care Partnership (EHS-CCP) program). A complete list of the agencies and partners OSSE consulted with is included in Section 8, Lead Agency Coordination and Partnerships to Support Service Delivery.*

### 1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- i. Date of the public hearing: *May 29, 2024.*  
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: *May 1, 2024*
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?  
☒ Yes.  
☐ No. If no, describe: *Click or tap here to enter text.*
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. *OSSE hosted two public hearings for the CCDF Plan for FY25-27, on Tuesday, May 28, 2024, and Wednesday, May 29, 2024. OSSE notified the public of the two public hearings through a Notice of Public Hearing (NOPH) published on OSSE's website on May 1, 2024 (<https://osse.dc.gov/publication/dc-child-care-and-development-fund>). OSSE also notified the public about the public hearing during the three CCDF Plan Stakeholder Engagement Sessions, during monthly Early Childhood Stakeholders calls, and the monthly convening of the Child Care Recovery Working Group.*
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: *The District has only one geographic region.*
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): *The draft CCDF Plan was made available through OSSE's website (<https://osse.dc.gov/publication/dc-child-care-and-development-fund>) along with instructions for submitting public comments on the CCDF Plan. An announcement regarding the availability of the CCDF Plan was also shared during the OSSE's DC Early Childhood Stakeholders call on May 13, with interpretation in Spanish.*
- vii. Describe how the information provided by the public was taken into consideration



regarding the provision of child care services under this Plan: *OSSE collected public comments through three methods: (1) virtual listening sessions with early childhood partners, (2) written comments submitted to OSSE via email or an online form, and (3) public testimony presented during a virtual public hearing. OSSE staff analyzed the comments following the completion of the comment period, grouped them based on the CCDF topic, and identified places where plan changes were needed in response to feedback. Feedback that addressed topics outside of the scope of the plan or recommended actions that require a longer timetable to address was recorded to inform OSSE's work in the future.*

### 1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://osse.dc.gov/publication/dc-child-care-and-development-fund>.
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
  - i. ☒ Working with advisory committees. Describe: *The link to the CCDF Plan and Plan amendments is shared with advisory groups, including the Child Care Recovery Working Group and the SECDCC.*
  - ii. ☒ Working with child care resource and referral agencies. Describe: *OSSE works with DC CCC to publish announcements on the District's draft CCDF Plan, the public hearing, and the process for the public to provide comments. DC CCC also directs incoming questions on the CCDF Plan to the appropriate OSSE staff.* <https://dcchildcareconnections.org/about-us/>
  - iii. ☒ Providing translation in other languages. Describe: *OSSE translates a summary of the District's final CCDF Plan into Spanish and Amharic and posts it to the website.*
  - iv. ☒ Sharing through social media (e.g., Facebook, Instagram, email). Describe: *Notices related to the CCDF Plan planning and publication cycle are posted to OSSE's social media channels: <https://www.facebook.com/OSSEDC/> and <https://twitter.com/ossedc>.*
  - v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: *The CCDF Plan is shared during OSSE's monthly DC Early Childhood Stakeholder calls, which include child development facility operators, staff, and advocates and are open to the public.*
  - vi. ☒ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: *OSSE works with the District's DME's Office of Out of School Time (OST) Grants and Youth Outcomes and DC Action, which convenes a coalition of OST advocates and stakeholders, to circulate information*

*on the CCDF Plan.*

- vii. ☒ Direct communication with the child care workforce. Describe: *OSSE circulates notice of the CCDF Plan publication directly to child care providers. The CCDF Plan is shared during OSSE's DC Early Childhood Stakeholder meetings, which are attended by child development facility operators, staff, and advocates.*
- viii. ☐ Other. Describe: *Click or tap here to enter text.*

## 2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

### 2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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

#### 2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
  - i. ☐ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: *Click or tap here to enter text.*
  - ii. ☒ Leveraging eligibility from other public assistance programs. Describe:

*Applicants for subsidy that are receiving benefits from the Temporary Assistance for Needy Families (TANF) program or Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) program; applicants participating in Department of Employment Services, TANF, SNAP E&T, or other District employment or job training programs; and applicants receiving unemployment insurance meet the qualifying need through participation in those public assistance programs.*

- iii. ☒ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: *A parent or guardian may add children to a family case by providing proof of the relationship (i.e., birth or adoption of a new child). In such cases, the redetermination date for the child(ren) already receiving subsidy will be extended so that all children in the family have the same redetermination date and all children receive assistance for no less than 12 months before redetermining eligibility.*
- iv. ☐ Self-assessment screening tools for families. Describe: *Click or tap here to enter text.*
- v. ☐ Extended office hours (evenings and/or weekends).
- vi. ☒ Consultation available via phone.
- vii. ☐ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: *Click or tap here to enter text.*
- viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?
  - ☒ Yes.
  - ☐ No. If no, describe why an online application is impracticable. *Click or tap here to enter text.*
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
  - ☐ Yes. If yes, describe the policies: *Click or tap here to enter text.*
  - ☒ No.

#### 2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
  - i. ☒ Advance notice to parents of pending redetermination.
  - ii. ☒ Advance notice to providers of pending redetermination.
  - iii. ☐ Pre-populated subsidy renewal form.
  - iv. ☒ Online documentation submission.
  - v. ☒ Cross-program redeterminations.



- vi. ☐ Extended office hours (evenings and/or weekends).
  - vii. ☒ Consultation available via phone.
  - viii. ☒ Leveraging eligibility from other public assistance programs.
  - ix. ☐ Other. Describe: [Click or tap here to enter text.](#)
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☐ Yes. If yes, describe the policies: [Click or tap here to enter text.](#)
  - ☒ No.

## 2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

### 2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
- ☒ Yes.
  - ☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children. [Click or tap here to enter text.](#)
- Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.
- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
- ☐ No.
  - ☒ Yes.
- i. If yes, the upper age is (may not equal or exceed age 19): **18**
  - ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: [Conditions or characteristics that reflect a need for particular care, services, or treatment, most commonly physical and/or mental disabilities and/or delays and is evidenced by an active Individualized Family Service Plan \(IFSP\), 504 Accommodation Plan, Individualized Education Program \(IEP\), or a diagnosed medical condition as certified by a certified/licensed therapist or health practitioner.](#)

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?
- ☐ No.
- ☒ Yes. If yes, and the upper age is (may not equal or exceed age 19): *18*
- d. How does the Lead Agency define the following eligibility terms?
- i. “residing with”: *For purposes of provision of the Child Care Subsidy Program, a child must live with a parent(s) or legal guardian(s).*
- ii. “in loco parentis”: *Adult(s) that has assumed the responsibility for the day-to-day care and supervision of the child under age 18.*

## 2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
- i. ☒ An activity for which a wage or salary is paid.
- ii. ☒ Being self-employed.
- iii. ☐ During a time of emergency or disaster, partnering in essential services.
- iv. ☐ Participating in unpaid activities like student teaching, internships, or practicums.
- v. ☐ Time for meals or breaks.
- vi. ☐ Time for travel.
- vii. ☒ Seeking employment or job search.
- viii. ☒ Other. Describe: *A parent(s) or guardian(s) may attest to the amount of care needed, which may include travel time, studying time, or other relevant factors not included in the definition of “working”.*
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. ☒ Vocational/technical job skills training.
- ii. ☒ Apprenticeship or internship program or other on-the-job training.
- iii. ☒ English as a Second Language training.
- iv. ☒ Adult Basic Education preparation.

- v. ☒ Participation in employment service activities.
  - vi. ☐ Time for meals and breaks.
  - vii. ☐ Time for travel.
  - viii. ☐ Hours required for associated activities such as study groups, lab experiences.
  - ix. ☐ Time for outside class study or completion of homework.
  - x. ☒ Other. Describe: *A parent(s) or guardian(s) may attest to the amount of care needed, which may include travel time, studying time, and other relevant factors not included in the definition of "job training".*
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:
- i. ☒ Adult High School Diploma or GED.
  - ii. ☒ Certificate programs (12-18 credit hours).
  - iii. ☒ One-year diploma (36 credit hours).
  - iv. ☒ Two-year degree.
  - v. ☒ Four-year degree.
  - vi. ☐ Travel to and from classrooms, labs, or study groups.
  - vii. ☐ Study time.
  - viii. ☐ Hours required for associated activities such as study groups, lab experiences.
  - ix. ☐ Time for outside class study or completion of homework.
  - x. ☐ Applicable meal and break times.
  - xi. ☒ Other. Describe: *A parent(s) or guardian(s) may attest to the amount of care needed, which may include travel time, studying time, and other relevant factors. Attending a post-graduate education program is also included in the definition.*
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- ☒ No.
- ☐ Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- ☐ Work. Describe: *Click or tap here to enter text.*
  - ☐ Job training. Describe: *Click or tap here to enter text.*
  - ☐ Education. Describe: *Click or tap here to enter text.*
  - ☐ Combination of allowable activities. Describe: *Click or tap here to enter text.*
  - ☐ Other. Describe: *Click or tap here to enter text.*
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education

and training without additional work requirements?

☒ Yes.

☐ No. If no, describe the additional work requirements: [Click or tap here to enter text.](#)

- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.

☐ No. If no, skip to question 2.2.3.

☒ Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

☒ Children in foster care.

☒ Children in kinship care.

☒ Children who are in families under court supervision.

☒ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

☐ Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

☐ Children whose family members are deemed essential workers under a governor-declared state of emergency.

☒ Children experiencing homelessness.

☐ Children whose family has been affected by a natural disaster.

☒ Other. Describe: *Children with a disability, children of an adult with disabilities, children of teen parents, children whose parent(s) are in foster care, children in families experiencing domestic/family violence, and children with parents participating in addiction recovery programs.*

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

☐ No.

☒ Yes.

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

☐ No.

☒ Yes.

- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

☒ No.

☐ Yes.

### 2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here to enter text.](#)

☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here to enter text.](#)

☐ Other. Describe: [Click or tap here to enter text.](#)

### 2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.

- i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	\$6,919	54%	\$3,765
2	\$9,047	56%	\$5,110
3	\$11,176	58%	\$6,455
4	\$13,305	59%	\$7,800
5	\$15,434	59%	\$9,145

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

☒ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

☐ Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

☐ No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: [Click or tap here to enter text.](#)

- b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

3	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>
4	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>
5	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>

- iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- ☒ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.
- ☐ Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.
- ☐ No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: [Click or tap here to enter text.](#)
- c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:
- i. ☒ Gross wages or salary.
- ii. ☒ Disability or unemployment compensation.
- iii. ☒ Workers’ compensation.
- iv. ☐ Spousal support, child support.
- v. ☐ Survivor and retirement benefits.
- vi. ☒ Rent for room within the family’s residence.
- vii. ☒ Pensions or annuities.
- viii. ☐ Inheritance.
- ix. ☐ Public assistance.
- x. ☒ Other. Describe: [The District counts retirement benefits but does not count survivor benefits.](#)
- d. What is the effective date for these income eligibility limits? [Oct. 1, 2024.](#)
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
- ☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: [2023](#)
- ☐ Other. Describe: [Click or tap here to enter text.](#)
- f. Provide the direct URL/website link, if available, for the income eligibility limits.  
<https://osse.dc.gov/subsidy>

### 2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

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

Identify the period of time: *Family income is determined after accounting for any irregular fluctuations in earnings. When documenting income, applicants may choose to provide more than one pay statement, from a time period of up to 6 months, if the most recent pay statement is not representative of the family's income (i.e., the most recent pay statement includes overtime or is not representative of the typical number of hours worked).*

- ii. ☒ Request earning statements that are most representative of the family's monthly income.
- iii. ☒ Deduct temporary or irregular increases in wages from the family's standard income level.

- iv. ☒ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: *Seasonal employment: For applicants employed by a school system, income is typically calculated based on a 10-month work period, unless evidence of year-round employment is provided.*

*Irregular income fluctuations: Income from past pay periods may be averaged to reflect temporary changes in income more accurately. Temporary increases in income, such as overtime or holiday pay, should not impact eligibility or family co-payments. This includes income fluctuations that result in family income temporarily exceeding 85 percent of the State Median Income (SMI). Eligibility staff may request earnings statements that better represent the family's income rather than the most recent statement. Typically, the monthly gross income received in the three months immediately before application/redetermination is deemed sufficient.*

### 2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?

☒ Yes.

☐ No. If no, describe: [Click or tap here to enter text.](#)

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

☒ No.



☐ Yes. If yes, describe the policy or procedure: [Click or tap here to enter text.](#)

### 2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. ☐ Eligibility determination? If checked, describe: [Click or tap here to enter text.](#)
- b. ☐ Eligibility redetermination? If checked, describe: [Click or tap here to enter text.](#)

### 2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Applicant identity. Describe how you verify: <i>The applicant requesting child care is required to submit proof of identity. Acceptable documents include <u>one</u> of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Government-issued ID.</i></li> <li><input type="checkbox"/> <i>Documentation, such as public benefits award letters, medical records, school records, or other documents that reasonably verify identity issued within the last 12 months.</i></li> <li><input type="checkbox"/> <i>When documentation cannot be provided, the applicant can sign a written statement to self-verify their identity.</i></li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Applicant's relationship to the child. Describe how you verify: <i>The applicant must have a valid legal relationship with the child(ren) (such as a parent, guardian, custodian, foster parent, or TANF Payee). Acceptable documents include <u>one</u> of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>A birth certificate, which must include the name of the parent(s) or guardian(s) requesting services, including those in a language other than English.</i></li> <li><input type="checkbox"/> <i>A current and valid adoption, custody order, or other court-issued documents establishing guardianship.</i></li> <li><input type="checkbox"/> <i>Documentation from a federal or DC Government agency proving the applicant's relationship to the child, including receiving benefits on behalf of the</i></li> </ul>

		<p>child (such as an admission form from the DC Department of Human Services [DHS], documentation of payment from TANF including the child's name on the statement, a letter verifying Social Security, Veterans' Benefits, child support, or any other benefit received by the applicant on behalf of a child) issued within the last 12 months.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> An attestation on business letterhead completed and signed by a legal, medical, or social service professional within the last 12 months identifying the applicant as the parent, legal guardian, or an adult who has assumed responsibility for the day-to-day care and supervision of a child.</li> <li><input type="checkbox"/> A signed sworn statement by the applicant that the individual has assumed responsibility for the day-to-day care and supervision of a child.</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify:</p> <p><b>Age:</b> A child for whom care is sought is under 13 years old, or under 19 years old if a child has special needs and shall present proof of such during both eligibility determination and redetermination. Acceptable documents include <u>one</u> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A birth certificate, including those in a language other than English.</li> <li><input type="checkbox"/> A passport.</li> <li><input type="checkbox"/> For an infant under 6 months old, a hospital record of birth signed by a licensed physician or licensed health care practitioner.</li> </ul> <p><b>Citizenship and immigration status:</b> The Office of the State Superintendent of Education (OSSE) requires that only the citizenship and immigration status of the child is to be considered and proof of such shall be presented during both eligibility determination and redetermination. A child's eligibility for subsidized child care shall not be based upon the citizenship or immigration status of their parent or the provision of any information about the citizenship or immigration status of their parent. Acceptable documents for verification of a child's citizenship or qualified immigration status include <u>one</u> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child's birth certificate showing that the child was born in the United States (including Puerto Rico,</li> </ul>

		<p><i>Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands) unless the child was born to foreign diplomats residing in the US.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Child's United States passport.</i></li> <li><input type="checkbox"/> <i>FS-240 issued by the Department of State to US citizens to verify the birth abroad of a US citizen.</i></li> <li><input type="checkbox"/> <i>FS-545 Certificate of Birth issued by a Foreign Service post.</i></li> <li><input type="checkbox"/> <i>DS-1350 Certification of Report of Birth.</i></li> <li><input type="checkbox"/> <i>N-560 or N-561, Certificate of Citizenship.</i></li> <li><input type="checkbox"/> <i>N-550 or N-570, Certificate of Naturalization.</i></li> <li><input type="checkbox"/> <i>United States Citizen Identification Card (I-197).</i></li> <li><input type="checkbox"/> <i>Statement provided by a US consular official certifying that the individual is a US citizen.</i></li> <li><input type="checkbox"/> <i>I-551 – Permanent Resident Card (commonly known as a “green card”).</i></li> <li><input type="checkbox"/> <i>An unexpired Temporary I-551 Stamp (on passport or on 1-94/1-94A).</i></li> <li><input type="checkbox"/> <i>Form I-766 (Employment Authorization Document) annotated "A3," "A5" or "A10".</i></li> <li><input type="checkbox"/> <i>I-327 Reentry Permit.</i></li> <li><input type="checkbox"/> <i>I-571 Refugee Travel Document.</i></li> <li><input type="checkbox"/> <i>I-94 to show entry as a refugee.</i></li> <li><input type="checkbox"/> <i>I-94 showing grant of asylum.</i></li> <li><input type="checkbox"/> <i>I-94 showing admission under conditional entry.</i></li> <li><input type="checkbox"/> <i>I-94 with stamp showing admission for at least one year under § 212(d) (5) of the INA.</i></li> <li><input type="checkbox"/> <i>Department of Homeland Security (DHS) documentation or other official identification verifying the child's citizenship or immigration status as an asylee, refugee, alien whose deportation or removal has been withheld, or alien granted conditional entry.</i></li> <li><input type="checkbox"/> <i>Order from an immigration judge showing deportation withheld or granting asylum.</i></li> <li><input type="checkbox"/> <i>American Indian Card with a classification code “KIC” and a statement on the back (identifying US citizen members of the Texas Band of Kickapoos living near the US/Mexico border).</i></li> <li><input type="checkbox"/> <i>Foreign-born children adopted by a US citizen. A foreign-born child who has been adopted by a US citizen does not automatically acquire citizenship. If the applicant cannot provide evidence of the child's citizenship, have them contact the local US Citizenship and Immigration Service office for a determination of US citizenship.</i></li> <li><input type="checkbox"/> <i>An approved or pending petition of a battered child.</i></li> </ul>
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		<input type="checkbox"/> A formal referral from TANF; or SNAP E&T.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Work. Describe how you verify: <i>Acceptable documentation for verification of employment includes <b>one</b> of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Pay statement issued within 45 calendar days of the application verifying employment including the applicant's name, address, and wages or salary.</i></li> <li><input type="checkbox"/> <i>A signed letter verifying employment from the employer on official business letterhead that includes the applicant's name, address, start date of employment, and wages or salary, dated within 45 calendar days of the application.</i></li> <li><input type="checkbox"/> <i>To verify self-employment, independent contracts, gig work, or other non-traditional work arrangements, applicants can provide <b>one of the following</b> documents, which must be current and/or within 45 calendar days of the application:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Current and valid business license;</i></li> <li><input type="checkbox"/> <i>Most recent tax returns, 1099s, or other wage statements;</i></li> <li><input type="checkbox"/> <i>Contracts that demonstrate income earned within 45 days;</i></li> <li><input type="checkbox"/> <i>Payment receipts for services rendered within 45 days;</i></li> <li><input type="checkbox"/> <i>Bank statements that demonstrate income earned within 45 calendar days;</i></li> <li><input type="checkbox"/> <i>Recent profit/loss statements;</i></li> <li><input type="checkbox"/> <i>Self-employment ledgers demonstrating income within 45 calendar days; or</i></li> <li><input type="checkbox"/> <i>Any other documentation that reasonably establishes self-employment income earned within 45 calendar days.</i></li> </ul> </li> <li><input type="checkbox"/> <i>Documentation of paid leave benefits issued within 45 calendar days of the application.</i></li> <li><input type="checkbox"/> <i>When documentation cannot be provided to prove self-employment income, applicants can self-certify by providing a signed and dated statement that includes a description of their work, and the amount</i></li> </ul>

		<i>of income earned in the past 45 calendar days.</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Job training or educational program. Describe how you verify: <i>Acceptable documentation for verification of attending a job training or educational program includes <u>one</u> of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>A letter from the job training program confirming the student's current enrollment dated within 45 calendar days of the application.</i></li> <li><input type="checkbox"/> <i>Receipt of payment for the job training program that includes the student's name and address dated within 45 calendar days of the application.</i></li> <li><input type="checkbox"/> <i>School-issued documentation proving current enrollment in an educational program.</i></li> <li><input type="checkbox"/> <i>A valid student ID.</i></li> <li><input type="checkbox"/> <i>A student's current class schedule on school letterhead or from the registrar.</i></li> <li><input type="checkbox"/> <i>A school-issued receipt of payment for the educational program for the current semester.</i></li> <li><input type="checkbox"/> <i>Transcripts or a copy of grades showing current enrollment or dated within 45 calendar days of the application.</i></li> <li><input type="checkbox"/> <i>A current financial aid letter.</i></li> </ul>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Family income. Describe how you verify: <i>Family income is determined after removing any allowable deductions from the gross family income and/or accounting for any irregular fluctuations in earnings. Family income is the combined gross countable income of all family members living in the same household who are included for purposes of determining family size. Acceptable documentation to verify income includes <u>one</u> of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Pay statement issued within 45 days of the application verifying employment including the applicant's name, address, and wages or salary. Applicants may choose to provide more than one pay statement, from a time period of up to six months, if the most recent pay statement is not representative of the family's income (i.e., the most recent pay statement includes overtime or</i></li> </ul>

		<p><i>is not representative of the typical number of hours worked).</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Signed letter verifying employment from the employer on official business letterhead that includes the applicant’s name, address, start date of employment, and wages or salary, dated within 45 calendar days of the application.</i></li> <li><input type="checkbox"/> <i>Current payment receipts within 45 calendar days for services rendered where the type of employment may not generate an earnings statement or pay statement, such as but not limited to: a restaurant server, cosmetologist, or operator of a vehicle-for-hire.</i></li> <li><input type="checkbox"/> <i>To verify income from self-employment, independent contracts, gig work, or other non-traditional work arrangements applicants can provide the following:</i> <ul style="list-style-type: none"> <li><input type="radio"/> <i>Recent tax returns, 1099s, or other wage statements;</i></li> <li><input type="radio"/> <i>Contracts that demonstrate income earned within 45 calendar days;</i></li> <li><input type="radio"/> <i>Payment receipts for services rendered within 45 calendar days;</i></li> <li><input type="radio"/> <i>Bank statements that demonstrate income earned within 45 calendar days;</i></li> <li><input type="radio"/> <i>Recent profit/loss statements</i></li> <li><input type="radio"/> <i>Self-employment ledgers demonstrating income within 45 calendar days;</i></li> <li><input type="radio"/> <i>Any other documentation that reasonably establishes self-employment income earned within 45 calendar days.</i></li> </ul> </li> </ul>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Household composition. Describe how you verify:</b> <i>Applicants may self-report individuals residing in the household. The following individuals are to be included in the determination of family size:</i></p> <ul style="list-style-type: none"> <li>• <i>Applicants requesting child care services, including:</i> <ul style="list-style-type: none"> <li><input type="radio"/> <i>Biological parents;</i></li> <li><input type="radio"/> <i>Adoptive parents;</i></li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ Stepparents, even if the stepparent has not legally adopted the children;</li> <li>○ Legal guardian(s); or</li> <li>○ Adult(s) standing in loco parentis or responsible for children under age 18.</li> <li>• The applicants' dependent children under age 18 or up to 21 years of age, if still attending school, including: <ul style="list-style-type: none"> <li>○ An adult's natural children and children for whom that adult is a guardian (e.g., the applicant is a grandparent); and</li> <li>○ Foster children.</li> </ul> </li> <li>• Adults in the household who are dependents of the applicant.</li> </ul> <p>Only required for redetermination if information has changed.</p>
☒	☒	<p>Applicant residence. Describe how you verify: <i>Acceptable documents for verification of DC residency include <u>one</u> of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicant's valid and unexpired DC driver's license or non-driver ID card.</li> <li><input type="checkbox"/> Applicant's DC voter registration card.</li> <li><input type="checkbox"/> A pay statement issued within 45 calendar days of the application showing the applicant's name, District address, and evidence of withholding of District income tax.</li> <li><input type="checkbox"/> A current lease, rental agreement, rental receipt, or mortgage statement for a DC residence that includes the applicant's name and address.</li> <li><input type="checkbox"/> A current homeowner's or renter's insurance policy for a District residence that includes the applicant's name and address.</li> <li><input type="checkbox"/> Deed or settlement papers for a District residence that includes the applicant's name and address.</li> <li><input type="checkbox"/> Proof of residency form issued within 45 calendar days of the application signed by the landlord, homeowner, or person with whom the applicant</li> </ul>



		<p><i>resides stating the applicant's and children's names.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Property tax bill for a District residence issued within 12 months of the application that includes the applicant's name and address.</i></li> <li><input type="checkbox"/> <i>Utility bill (gas, electric, or water), which may be electronic, displaying the applicant's name and service address at a District residence for a period within 45 calendar days of the application.</i></li> <li><input type="checkbox"/> <i>Referrals no more than 45 calendar days old from an authorized District agency such as Child and Family Services (CFSA) (Foster Care or Child Protective Services) or DC Superior Court.</i></li> <li><input type="checkbox"/> <i>A current and valid court order or formal correspondence from CFSA indicating that the child is a ward of the District.</i></li> <li><input type="checkbox"/> <i>Certified copy of form D-40 with proof of payment of District personal income tax and the applicant's name and address, dated for the tax period closest in time to the completion of the application.</i></li> <li><input type="checkbox"/> <i>Unexpired documentation of financial assistance to the applicant from the District Government, including but not limited to TANF, SNAP, Medicaid, SSI, housing assistance, DC energy assistance programs, or unemployment insurance benefits.</i></li> <li><input type="checkbox"/> <i>Current official military housing orders or statement on military letterhead showing residency of the applicant in the District.</i></li> </ul> <p><i>Only required for redetermination if information has changed.</i></p>
☒	☒	<p>Other. Describe how you verify:</p> <p><b><u>Children under protective services:</u></b></p> <p><i>Acceptable documentation for verification of the receipt of protective services includes <b><u>one</u></b> of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Documentation from CFSA, including placement Letter.</i></li> <li><input type="checkbox"/> <i>Referral from the child's CFSA caseworker.</i></li> <li><input type="checkbox"/> <i>Custody order.</i></li> </ul>



		<p><input type="checkbox"/> Other court documents.</p> <p><b><u>Children with special needs:</u></b></p> <p>Acceptable documentation for verification of the classification of a child with special needs includes <b><u>one</u></b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A copy of the child’s current IEP.</li> <li><input type="checkbox"/> A copy of the child’s current IFSP.</li> <li><input type="checkbox"/> A copy of the child’s current 504 Accommodation Plan.</li> <li><input type="checkbox"/> Documentation from Strong Start, DC’s early intervention program, identifying eligibility for early intervention services.</li> <li><input type="checkbox"/> Written documentation of a diagnosed physical or mental condition that has a high probability of resulting in a <u>developmental delay or disability</u> by a qualified medical/clinical professional.</li> <li><input type="checkbox"/> Written documentation from a certified/licensed therapist or health practitioner certifying a disability.</li> </ul> <p><b><u>Children of Adults with Disabilities:</u></b></p> <p>Acceptable documentation for verification of classification as an adult with disabilities includes <b><u>one</u></b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A written statement from a licensed physician on official letterhead that recommends the need for child care services.</li> <li><input type="checkbox"/> Documentation from the DC Department on Disability Services (DDS) substantiating the effects of the adult’s condition on daily functioning in connection to the child.</li> <li><input type="checkbox"/> Documentation of participation in vocational rehabilitation services from DDS, including a referral from DDS.</li> </ul> <p><b><u>Children of Teen Parent(s):</u></b></p> <p>Acceptable documentation for verification of enrollment in school includes <b><u>one</u></b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> School-issued documentation proving current enrollment, including student’s name, address, and</li> </ul>
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		<p>student ID number.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A valid student ID.</li> <li><input type="checkbox"/> A student's current class schedule on school letterhead.</li> <li><input type="checkbox"/> Transcripts or a copy of grades showing current enrollment or dated within 45 calendar days of the application.</li> </ul> <p><b><u>Children Experiencing Homelessness:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> OSSE's Child Care Referral Form completed by an eligibility worker at the Virginia Williams Resource Center.</li> </ul> <p><b><u>Children with parents participating in addiction recovery programs:</u></b></p> <p>Acceptable documentation for verification of the classification as an adult participating in an addiction recovery program includes <b><u>one</u></b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Court-mandated treatment records.</li> <li><input type="checkbox"/> Recovery coach records.</li> <li><input type="checkbox"/> Attendance records within 45 calendar days of the application from substance use disorder/addiction treatment or rehabilitation program.</li> <li><input type="checkbox"/> Letter from a CFSA case worker confirming compliance with the recovery program within 45 days of the application.</li> <li><input type="checkbox"/> Written verification of attendance dated within 45 days of the application from a licensed physician, an advanced practice registered nurse (APRN), a licensed behavioral health professional, a licensed physician assistant, a licensed alcohol and drug counselor (LADC), a certified recovery support worker (CRSW), or a board-certified psychologist.</li> </ul> <p><b><u>Families experiencing domestic/family violence:</u></b></p> <p>Acceptable documentation for verification of the classification as a family experiencing domestic/family violence includes <b><u>one</u></b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A police or incident report.</li> <li><input type="checkbox"/> A court document, including a current civil</li> </ul>
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		<p><i>protection order.</i></p> <p><input type="checkbox"/> <i>A signed statement from a social worker, counselor, or doctor.</i></p> <p><input type="checkbox"/> <i>A statutory declaration stating that a family is affected by family or domestic violence.</i></p>
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### 2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: *DHS.*
- b. Provide the following definitions established by the TANF agency:
  - i. *“Appropriate child care”: Child care must meet parents' needs in terms of hours and location. The child development 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 Provider Agreement for Subsidized Child Care Services. The basic needs of the children must be met. These needs include safety, developmental, social, cultural, and health.*
  - ii. *“Reasonable distance”: Reasonable distance is defined as the travel time it takes for a resident of the District 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 residents who work outside the city in Maryland or Virginia, the travel time is defined as the time it takes to drop off the children at the child care facility and arrive on time to work. This travel time should not exceed two hours from home to work.*
  - iii. *“Unsuitability of informal child care”: Unsuitable informal child care is care that is not licensed or is licensed-exempt under the Provider Agreement for Subsidized Child Care Services or does not meet the programmatic criteria as included in the executed Provider Agreement for Subsidized Child Care Services with OSSE.*
  - iv. *“Affordable child care arrangements”: Affordable child care arrangements are terms of agreement between the parent(s) or guardian(s) and the provider that meet the needs of the parent(s) or guardian(s) and the children by using the child care subsidy with the providers in the District of Columbia. Families can obtain care for their children using the available subsidy, as long as they are participating in the District Child Care Subsidy Program, which includes all categories of care (homes, expanded homes, and centers), for all age groups (infants, toddlers, preschoolers, school- age) in all wards.*
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
  - i. ☒ In writing
  - ii. ☒ Verbally

- iii. ☐ Other. Describe: [Click or tap here to enter text.](#)

## 2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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

### 2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- a. “Children with special needs.” *A child under the age of 19 with conditions or characteristics that reflect a need for particular care, services, or treatment, most commonly physical and/or mental disabilities and/or delay.*
- b. “Families with very low incomes.” *Families with income at or below 150 percent of the Federal Poverty Level (FPL).*

### 2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe: <a href="#">Click or tap here to</a>

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
						<i>enter text.</i>
Families with very low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: <i>Click or tap here to enter text.</i>
Children experiencing homelessness, as defined by CCDF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: <i>Click or tap here to enter text.</i>
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: <i>Click or tap here to enter text.</i>

b. Does the Lead Agency define any other priority groups?

☐ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: *Should a wait list for child care services be in effect, the following children shall have priority for subsidized child care services:*

- *Children of families with very low incomes*
- *Children with special needs, children in protective services, and vulnerable children, as defined by OSSE.*

### 2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or

improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: *Applicants are given a 60 calendar day grace period to provide any additional documentation necessary to determine eligibility. Upon initial eligibility determination, children experiencing homelessness are permitted to enroll in the child care placement before completion of all required documentation and the provider is paid for child care services during the grace period. If, after full documentation is provided, the child experiencing homelessness is found to be ineligible, subsidized child care services are terminated.*
- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
  - i. Provide the policy for a grace period for:

Children experiencing homelessness: *Applicants are given a 60 calendar day grace period to provide any additional documentation necessary to determine eligibility and to comply with immunization and health requirements. Upon initial eligibility determination, children eligible for subsidized child care under this category are permitted to enroll in the child care placement before completion of all required documentation and the provider is permitted to be paid for child care services rendered during the grace period. If, after full documentation is provided, the child experiencing homelessness is found to be ineligible, subsidized child care services will be terminated.*

Children who are in foster care: *Applicants are given a 60 calendar day grace period to provide any additional documentation necessary to determine eligibility and to comply with immunization and health requirements. Upon initial eligibility determination, children who are in foster care are permitted to enroll in the child care placement before completion of all required documentation and the provider is permitted to be paid for child care services rendered during the grace period. If, after full documentation is provided, the child is found to be ineligible, subsidized child care services will be terminated.*
  - ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?  
☒ Yes.  
☐ No. If no, describe: *Click or tap here to enter text.*
- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: *DHS informs families and their selected child care provider of the 60-day grace period to complete a health certificate. The child care admission form includes contact information for the person at DHS who can assist families with the completion of the form. The completion of immunizations following the grace period is tracked by DHS and in DC Health's District of Columbia Immunization*

*Information System. Facilities also support families to ensure the required documentation is received before the end of the 60 calendar day grace period.*

## 2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

### 2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
  - i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).
  - ii. ☒ Informational materials in languages other than English.
  - iii. ☒ Website in languages other than English.
  - iv. ☒ Lead Agency accepts applications at local community-based locations.
  - v. ☒ Bilingual caseworkers or translators available.
  - vi. ☒ Bilingual outreach workers.
  - vii. ☒ Partnerships with community-based organizations.
  - viii. ☒ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
  - ix. ☐ Home visiting programs.
  - x. ☐ Other. Describe: [Click or tap here to enter text.](#)
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
  - i. ☒ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
  - ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
  - iii. ☒ Caseworkers with specialized training/experience in working with individuals with disabilities.
  - iv. ☒ Ensuring accessibility of environments and activities for all children.
  - v. ☐ Partnerships with State and local programs and associations focused on disability- related topics and issues.
  - vi. ☐ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
  - vii. ☐ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.



- viii. ☐ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
- ix. ☒ Other. Describe: *Available support for hearing impaired population, including staff certified in American Sign Language (ASL).*

#### 2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
  - i. ☐ Lead Agency accepts applications at local community-based locations.
  - ii. ☐ Partnerships with community-based organizations.
  - iii. ☒ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
  - iv. ☐ Other. Describe: *Click or tap here to enter text.*
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
  - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. *Training for child care providers and early educators in identifying and working with children and families experiencing homelessness is available through OSSE's online professional development offerings. An example of a training is titled "Resources for Supporting Students and Families Experiencing Homelessness". Level II providers also receive required training on subsidy application requirements and exemptions for children experiencing homelessness and an overview of the District's intake center for families experiencing homelessness. Participants in the training learn about the requirements for the 60 calendar day grace period, the appropriate follow-up procedures (once the grace period ends), and information for families regarding working with an approved subsidized child care provider during the grace period.*
  - ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. *OSSE provides training to DHS eligibility workers and child care providers designated as Level II providers on subsidy application requirements and exemptions for children experiencing homelessness and an overview of the District's intake center for families experiencing homelessness. Participants in the training learn about the requirements for the 60 calendar day grace period, the appropriate follow-up procedures (once the grace period ends), and information for families regarding working with an approved subsidized child care provider during the grace period). Additionally, the CCDF co-administrator participates in McKinney-Vento Liaison Training offered to District local education agencies (LEAs). This partnership increases understanding for the staff and homeless liaisons and registrars in LEAs on the availability of child care services for children*



*experiencing homelessness. Through this work, the CCDF co-administrator collaborates with the staff delivering the training to share knowledge across sectors and address barriers identified by either homeless liaisons working in LEAs or child care eligibility staff working with children and families experiencing homelessness.*

## 2.5 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

### 2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. *OSSE’s eligibility, enrollment, and reporting policies support children’s development by streamlining eligibility and enrollment for populations at risk of negative child outcomes through OSSE’s vulnerable children categories, which include children under protective services, children of teen parents, children in families experiencing family violence, and children of parents participating in addiction recovery programs. Additionally, the eligibility redetermination process includes proactive attempts to reach parents by eligibility staff prior to the redetermination date in order to avoid any disruption in child care services at the end of the eligibility period. OSSE does not require the hours of authorized care to match the work, education, or training schedule of the parent or guardian for all children receiving services and allows parents to self-attest to the need for care (i.e., full-time vs. part-time care), in order to ensure children’s schedules meet the needs of children and families. Finally, children in OSSE’s Early Head Start-Child Care Partnerships (EHS-CCP) program, the Quality Improvement Network (QIN), receive eligibility periods of up to 36 months to support enrollment in QIN until children are eligible for publicly funded pre-K to promote continuity of care.*

### 2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
  - Regardless of temporary changes in participation in work, training, or educational activities.
- a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
- ☒ Yes.
- ☐ No. If no, describe: *Click or tap here to enter text.*
- b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

☒ Yes.

☐ No. If no, describe: [Click or tap here to enter text.](#)

c. Are the policies different for redetermination?

☒ No.

☐ Yes. If yes, provide the additional/varying policies for redetermination: [Click or tap here to enter text.](#)

### 2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

- i. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: [Applicants may qualify for subsidy at initial eligibility determination if they are engaged in job search \(including job search through the Department of Employment Services \[DOES\], the TANF Employment Program, SNAP E&T, an ESA program, or a DHS Refugee Social Services program\) or receiving unemployment insurance benefits from DOES.](#)
- ii. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: [Applicants may qualify for subsidy at redetermination if they are engaged in job search \(including job search through DOES, the TANF Employment Program, SNAP E&T, an ESA program, or a DHS Refugee Social Services program\) or receiving unemployment insurance benefits from DOES.](#)
- iii. ☐ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
- ☐ Yes. The Lead Agency continues assistance.
- ☒ No, the Lead Agency discontinues assistance.
- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: *If a parent experiences a non-temporary change in the status of work, training, or education, a termination letter may be issued. The child may continue to receive child care subsidy for 90 calendar days from the date the letter is issued. Should the parent or guardian begin a new job, education, or training program during this 90-day period, the termination will be voided.*
- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: *A cessation of work or attendance at a training or education program that exceeds 90 calendar days is considered a non-temporary change.*
- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? *90 calendar days.*
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
- i. ☐ Not applicable.
- ii. ☒ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.
- Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: *Following 30 consecutive unexcused absent days, a child may be terminated from services. The child care provider must make at least two attempts during the 30 days to contact the parent or guardian of non-attending children to inform them that their subsidy may be discontinued. Following 30 consecutive unexcused absences, the provider is required to report to OSSE and the child's subsidy will be terminated.*
- iii. ☒ A change in residency outside of the State or Territory.
- Provide the Lead Agency's policy for a change in residency outside the State or Territory: *Child care services are terminated if the recipient is no longer a resident of the District of Columbia. A termination notice will be issued and the termination will be effective immediately.*
- iv. ☒ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.
- Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: *Child care eligibility fraud*

*includes but is not limited to: (a) With intent to deceive, withholding information regarding eligibility factors such as gross annual family income, number of family members, ages of family members, or the recipient's hours of employment or training; (b) Knowingly using child care services for an ineligible child; or (c) Intentionally failing to report any changes which would affect the child's eligibility for child care benefits.*

*Fraud is defined as any action by any person who obtains or attempts to obtain, or aids or abets any person, who pursuant to a scheme to deceive, knowingly falsifies, conceals or otherwise fails to disclose, covers up a material fact, or makes or uses any false statement or document to obtain a benefit or payment to which the applicant or provider would otherwise not be entitled. A failure to disclose a material fact that results in obtaining or continuing to receive child care subsidy funds or services for which the parent or provider is not entitled. OSSE may take further action if there is a determination that fraud has occurred, such as collection of funds improperly spent on child care or referral to the Office of the Attorney General or the United States Attorney for possible civil or criminal action.*

#### 2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

☒ Yes.

☐ No. If no, describe: [Click or tap here to enter text.](#)

#### 2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

- (A) Takes into account the typical household budget of a family with a low income
- (B) Provides justification that the second eligibility threshold is:
  - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
  - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

- a. ☐ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. ☒ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: *At redetermination, a child is considered eligible if they have a qualifying need as long as their income is below 85 percent of SMI. Families whose income exceeds 85 percent of SMI may continue to receive subsidized child care for 90 calendar days. At the end of 90 days, if the family's gross annual income remains at or above 85 percent of SMI, the subsidy is discontinued. If the family income has declined below 85 percent of SMI, the child can continue to receive assistance until the next eligibility review.*
  - i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: *Click or tap here to enter text.*
  - ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*
- c. ☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility

threshold. If checked, provide the following information:

- i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: [Click or tap here to enter text.](#)
- ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: [Click or tap here to enter text.](#)
- iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: [Click or tap here to enter text.](#)
- iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: [Click or tap here to enter text.](#)
- v. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: [Click or tap here to enter text.](#)
- vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: [Click or tap here to enter text.](#)

### 3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

#### 3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In



addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

### 3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **7 percent**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?
  - ☒ Yes.
  - ☐ No. If no, describe: [Click or tap here to enter text.](#)

### 3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?
  - ☒ Yes.
  - ☐ No. If no, describe how the sliding fee scale is set: [Click or tap here to enter text.](#)
- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Family Size	Lowest income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	\$24,096	\$40.16	2.0%	\$45,180	\$225.90	6.0%
2	\$32,704	\$40.16	1.5%	\$61,320.00	\$225.90	4.4%



3	\$41,312	\$40.16	1.2%	\$77,460.00	\$225.90	3.5%
4	\$49,920	\$40.16	1.0%	\$93,600.00	\$225.90	2.9%
5	\$58,528	\$40.16	0.8%	\$109,740.00	\$225.90	2.5%

- c. What is the effective date of the sliding-fee scale(s)? *Oct. 1, 2024.*
- d. Provide the link(s) to the sliding-fee scale(s): *The sliding-fee scale is set forth in 5A DCMR §204 and will be posted here prior to the effective date: <https://www.dcregs.dc.gov/Common/DCMR/SectionList.aspx?SectionNumber=5-A204>.*
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?
- ☒ No.
- ☐ Yes.
- If yes:
- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: *Click or tap here to enter text.*
- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: *Click or tap here to enter text.*

### 3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

#### 3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
- i. ☒ The fee is a dollar amount and (check all that apply):
- ☐ The fee is per child, with the same fee for each child.
  - ☐ The fee is per child and is discounted for two or more children.
  - ☒ The fee is per child up to a maximum per family.
  - ☒ No additional fee is charged after a certain number of children.
  - ☐ The fee is per family.
  - ☐ The contribution schedule varies because it is set locally/regionally (as

indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)

☐ Other. Describe: [Click or tap here to enter text.](#)

ii. ☐ The fee is a percent of income and (check all that apply):

☐ The fee is per child, with the same percentage applied for each child.

☐ The fee is per child, and a discounted percentage is applied for two or more children.

☐ The fee is per child up to a maximum per family.

☐ No additional percentage is charged after a certain number of children.

☐ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)

☐ Other. Describe: [Click or tap here to enter text.](#)

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

☐ No.

☒ Yes.

If yes, check and describe those additional factors below:

i. ☒ Number of hours the child is in care. Describe: [The sliding fee is based on full-time or part-time child care services.](#)

ii. ☐ Quality of care (as defined by the Lead Agency). Describe: [Click or tap here to enter text.](#)

iii. ☐ Other. Describe: [Click or tap here to enter text.](#)

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. ☐ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. ☐ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. ☐ Other. Describe: [Click or tap here to enter text.](#)

### 3.3 Waiving Family Co-payment

#### 3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

☐ No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

☒ Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. ☒ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. ☒ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. ☒ Families experiencing homelessness.
- iv. ☒ Families with children with disabilities.
- v. ☐ Families enrolled in Head Start or Early Head Start.
- vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: [Click or tap here to enter text.](#)
- vii. ☒ Families meeting other criteria established by the Lead Agency. Describe the policy: *As of Oct. 1, 2024, co-payments will be waived for children enrolled in the Quality Improvement Network (QIN) program; children of adults with disabilities; children of teen parent(s); children in families experiencing domestic/family violence; children with parents participating in addiction recovery programs; Temporary Assistance for Needy Families (TANF) recipients and payees; and children of parents engaged in job search.*

## 4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

### 4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care

services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

#### 4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency:

*During consultation with partners, the following barriers have been identified:*

*First, attendance-based payment practices have been identified as a barrier. The District is addressing this and effective Oct. 1, 2024, the Office of the State Superintendent of Education (OSSE) will no longer reduce provider payments based on child absences in compliance with the Child Care and Development Fund (CCDF) 2024 Final Rule.*

*Second, providers and other stakeholders have noted that OSSE's payment rates do not cover the true cost of care for some providers. OSSE increased payment rates in fiscal year 2024 (FY24), bringing payment rates closer to the estimated cost of care, across all provider types, designations, and ages of children served, compared to FY23. Currently, payment rates exceed the 25th percentile of market rates for all providers caring for all ages of children and exceed the 50th percentile for many providers depending on the age of children and quality designation.*

*Finally, some providers have expressed that the process of completing a subsidy provider agreement and uploading required documents is too long and burdensome.*

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?

☒ Yes.

☐ No.

- c. Does the Lead Agency offer child care assistance through grants or contracts?

☒ Yes.

☐ No.

- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: *The District's Child Care Subsidy Manual, OSSE's website, the consumer education website, and the online application portal communicate the child care providers available to families receiving child care subsidies. The District's child care resource and referral (CCR&R) program also shares information on available child care options with families seeking or participating in subsidized child care.*

- e. Describe what information is included on the child care certificate: *The Child Care Admissions Form is issued once a family has selected a child care provider and includes information on the family, the selected provider, and provider type (Level I or Level II), the child care service type (traditional, non-traditional, or extended day),*

*assigned co-payment, and the eligibility worker's contact information.*

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

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

### 4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. ☐ Market rate survey.

- i. When were the data gathered (provide a date range; for instance, September – December 2023)? [Click or tap here to enter text.](#)
- b. ☒ ACF pre-approved alternative methodology.
  - i. ☐ The alternative methodology was completed.
  - ii. ☒ The alternative methodology is in process.

*If the alternative methodology was completed:*

When were the data gathered and when was the study completed? [Click or tap here to enter text.](#)

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios. [Click or tap here to enter text.](#)

*If the alternative methodology is in progress:*

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). [OSSE regularly uses the District's Child Care Cost Modeling Tool to analyze the costs for child care providers to deliver care in the District in order to inform policies, including child care subsidy rates. OSSE periodically reviews assumptions and parameters in the tool and updates data inputs to facilitate this analysis, both as part of and outside of the CCDF Plan process. In February 2024, OSSE updated data and inputs used in the District's Child Care Cost Modeling Tool, including staff wages, non-personnel costs, and private tuition rates; employer costs for health insurance coverage and other discretionary benefits \(i.e., retirement or disability\); and inputs associated with revenue sources \(i.e., subsidy payment rates and parent co-payment fees, Pre-K Enhancement and Expansion Program \[PKEEP\] formula awards\), in order to update estimates of provider costs to deliver care in 2024 \(2024 Cost Model Analysis\). These updates build on a more in-depth collection of survey data from child care providers that OSSE conducted in fall 2022 and a thorough review of cost model assumptions conducted in winter/spring 2023 \(2023 Cost Model Analysis\), in response to local legislative requirements. Updates completed in March 2024 are currently undergoing internal review and will be published following the completion of the review and approval by the Mayor.](#)

- c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- i. State Advisory Council or similar coordinating body: [In November 2023, OSSE presented the findings of the 2023 cost model analysis and OSSE's Administration for Children and Families \(ACF\)-approved alternative methodology and solicited feedback and input from the State Early Childhood Development Coordinating Council \(SECDCC\) on any needed modifications to OSSE's approach to the 2024 Cost Model Analysis. OSSE also engaged the SECDCC through consultation sessions around the District's](#)



*CCDF Plan held in March and April 2024.*

- ii. Local child care program administrators: *In fall 2022, OSSE conducted a 2022 DC Child Care Provider Survey, which informed the updating of key inputs in the District Child Care Cost Modeling Tool. The survey was conducted in partnership with DC Child Care Connections (DC CCC) (the District’s CCR&R) and national experts in child care financing. Local child care program administrators were also engaged as members of the SECDCC and through several working groups that OSSE regularly consults with. OSSE reviewed the cost model inputs and assumptions with the DC Child Care Recovery Working Group, a working group of child development facility leaders representing the diversity of settings within the District’s child care ecosystem that OSSE engages regularly as an informal advisory group on key policy, programmatic, and other questions facing the agency and child development facilities. OSSE reviewed the model’s inputs and assumptions with these groups to ensure the model is representative of the District’s child care programs and facilities.*
  - iii. Local child care resource and referral agencies: *DC CCC is a member of the SECDCC and the District’s Child Care Recovery Working Group. During these sessions, OSSE received input into the alternative methodology from all participants. DC CCC also partnered with OSSE on the administration of the 2022 Child Care Provider Survey, which was used to update model inputs and assumptions for the 2023 and 2024 cost model analyses.*
  - iv. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: *Organizations representing caregivers, teachers, and directors—including the District of Columbia Association for the Education of Young Children (DCAEYC), DC Head Start Association, the DC Family Child Care Association (DCFCCA), Multilingual Spanish Speaking Providers Association (MSSPA), and DC Action for Children—are all represented by members of the SECDCC. Additionally, OSSE conducted conversations with individual program leaders and directors to solicit additional information and feedback on key assumptions or data points. OSSE also reviewed the cost model inputs and assumptions with the DC Child Care Recovery Working Group.*
  - v. Other. Describe: *OSSE leadership regularly presents on the District’s child care cost modeling for national audiences. Feedback received from these presentations and discussions informs the ongoing development and refinement of our approach.*
- d. An MRS must be statistically valid and reliable.
- An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:
- i. When was the market rate survey completed? *Click or tap here to enter text.*
  - ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? *Click or tap here to enter text.*
  - iii. Describe how it represented the child care market, including what types of providers were included in the survey: *Click or tap here to enter text.*
  - iv. What databases are used in the survey? Are they from multiple sources, including



- licensing, resource and referral, and the subsidy program? [Click or tap here to enter text.](#)
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? [Click or tap here to enter text.](#)
  - vi. What is the percent of licensed or regulated child care centers responding to the survey? [Click or tap here to enter text.](#)
  - vii. What is the percent of licensed or regulated family child care homes responding to the survey? [Click or tap here to enter text.](#)
  - viii. Describe if the survey conducted in any languages other than English: [Click or tap here to enter text.](#)
  - ix. Describe if data were analyzed in a manner to determine price of care per child: [Click or tap here to enter text.](#)
  - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: [Click or tap here to enter text.](#)
- e. Price variations reflected.
- The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.
- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. [N/A - the District of Columbia has only one geographic area.](#)
  - ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). [The District's alternative methodology used the District's Child Care Cost Modeling Tool to separately model the costs for the three types of licensed providers that exist in the District: child development centers, child development homes, and child development expanded homes. Additionally, the model estimated costs for centers and homes participating in District early learning programs, such as the Quality Improvement Network \(QIN\) and PKEEP.](#)
  - iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): [For each provider type, OSSE developed a variety of scenarios to model that reflect variation in the ages of children served: classroom configurations based on facility size, group sizes, and adult/child ratios and other regulatory requirements related to child age.](#)
  - iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: [The District's Child Care Cost Modeling Tool assesses costs across quality designations assigned by Capital Quality, the District's quality rating and improvement system \(QRIS\). The model](#)

*also allows OSSE to assess costs for high-quality programs that may provide additional comprehensive services to children and employ additional staff positions (family engagement specialist, health care specialist, and professional development coach) to provide those services.*

#### 4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? *OSSE conducted child care cost modeling under the District's approved alternative methodology to analyze the cost of providing child care services at various levels of quality. The District's Child Care Cost Modeling Tool addresses the narrow cost analysis requirements to conduct, obtain, and analyze data on the estimated cost of care (including relevant variation by category of provider or age of child) taking into account the costs of providers' implementation of health, safety, quality, and staffing requirements, and the cost of higher quality care. The District's Child Care Cost Modeling Tool goes beyond these requirements to allow the modeling of different scenarios and factors that affect providers' costs, revenues, and overall financial viability. OSSE used information generated from the District's Child Care Cost Modeling Tool to conduct the analysis of costs and gaps between subsidy rates and costs to provide care.*
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? *The District's Child Care Cost Modeling Tool allows OSSE to model a variety of scenarios that reflect variation in the ages of children served: classroom configurations based on facility size, group sizes, adult/child ratios, and provider type (child development homes, expanded child development homes, and child development centers), and other regulatory requirements related to child age. The analysis does not account for variation by geographic location because the District has only one geographic area. OSSE's analysis found variation in costs based on size of facility, age of children served, and type of care provider.*
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? *The base level of quality in the District's Child Care Cost Modeling Tool is based on meeting health, safety, and staffing requirements in the District's licensing regulations (e.g., group size, adult/staff ratios, etc.). Classroom teaching personnel are determined by ratio requirements for each age group and administrative personnel roles are included based on*

*facility size. Teacher salaries were based on data collected from the 2022 DC Child Care Provider Survey, adjusted for inflation, and director and assistant director salaries were based on Bureau of Labor Statistics (BLS) Occupational Employment Statistics Occupational Employment and Wage Estimates for the Metropolitan Washington Area. Employer-paid benefits were included for all employees, using data provided by DC Health Benefits Exchange (DCHBX) on costs to employers to purchase coverage via the Exchange's small business marketplace. The analysis calculates the cost for classroom coverage throughout the day, as well as coverage for paid leave (including sick leave) and professional development release time.*

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). *The District's QRIS, Capital Quality, is used to measure and assess quality across licensed child development facilities. OSSE considers programs designated as "Quality" or "High-quality" – the two highest tiers of the rating system – to be high quality for purposes of the CCDF Plan. Capital Quality designations are determined using observation data from valid and reliable observation tools: the Classroom Assessment Scoring System (CLASS) for pre-K center-based classes, the Infant/Toddler Environment Rating Scale (ITERS-3) for infant/toddler center-based classes, and the Family Child Care Environment Rating Scale (FCCERS-3) for homes and expanded homes. OSSE engages independent and reliable observers to conduct observations and calculates Capital Quality designations for each participating facility based on scores received across all applicable observational tools for the past two years for which valid and reliable observation data exist. The District's Child Care Cost Modeling Tool calculates the cost of care at each of the District's Capital Quality designations: Developing, Progressing, Quality, and High-quality. In reviewing the assumptions embedded in the model as part of the 2023 cost model analysis, OSSE concluded that many of the interactions and environmental features measured by the valid and reliable observation tools that determine Capital Quality designations, such as adults' use of language with children or how classroom transitions are managed, do not carry direct costs that can be easily quantified and measured. Therefore, costs of child care provision are largely equal across quality designations. The District's Child Care Cost Modeling Tool does, however, allow OSSE to assess costs related to the provision of higher quality services as represented by additional staff positions (family engagement specialist, health care specialist, and professional development coach), which can be selected as inputs in the cost model. This approach enables the calculation of scenarios that consider that some programs, particularly those serving vulnerable children, provide additional services to support children's and families' comprehensive needs, which require additional staff positions.*
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? *OSSE reviewed the cost estimates generated by the District's Child Care Cost Modeling Tool from the 2023 cost model analysis to assess gaps between cost, price, and subsidy payment rates. In response to that analysis, in FY24, OSSE increased child care subsidy payment rates. The analysis found that the largest gap between cost and rates was for*

*infant care in centers and, therefore, OSSE raised infant subsidy rates by 15 to 29 percent for homes and centers, depending on a provider's Capital Quality designation. Facilities with the lowest quality designations received the largest rate increases.*

*In 2024, OSSE compared the findings of the 2024 cost model analysis to the new FY24 subsidy rates and found that, while costs had increased since the 2023 analysis, the FY24 rate increase still reduced the gap between subsidy rates and costs to deliver care and in some cases eliminated the gap. Based on this most recent analysis, child care subsidy payment rates for infants in child development centers cover 80 to 88 percent of the cost of infant care, depending on the quality designation. Payment rates for toddlers in child development centers exceed the cost of care by 6 to 15 percent, depending on the quality designation. Child care subsidy payment rates for infants and toddlers in child development homes exceed the cost of care by 7 to 20 percent depending on the quality designation.*

*OSSE's long-term plan is to continue to adjust rates to meet the cost of care when funds are available in the District, with a focus on increasing rates for infants in child development centers, which show a remaining gap.*

#### 4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

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

- i. Provide the date the report was completed: *The 2024 cost model analysis is undergoing internal review and will be released following approval by the Mayor.*
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): *N/A - The 2024 cost model analysis is undergoing internal review and will be released following approval by the Mayor.*
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: <https://osse.dc.gov/page/modeling-cost-child-care-district-columbia>. *All current and past cost modeling reports are posted here to allow stakeholders to easily access information to understand how the District's cost modeling practices, estimated costs to deliver care, and child care subsidy rates have evolved over time. The District's cost model reports are shared widely through OSSE and partners, including distribution in OSSE email communications and presentations to the SECDCC and other stakeholder groups.*

- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: *OSSE adjusted the assumptions, data inputs, and model scenarios included in the District's Child Care Cost Modeling Tool in response to stakeholder input. The final published report presents cost estimation findings and analyses that incorporate these adjustments and describes changes that OSSE made in response to stakeholder input. For example, OSSE adjusted staffing assumptions for expanded child care homes and center administrative roles based on stakeholder feedback and updated classroom configurations to reflect those most common in child development facilities. The detailed report also includes information about additional scenarios that OSSE modeled in response to stakeholder input, including a scenario estimating the cost to deliver care with teacher salaries comparable to those of teachers in public schools and cost analysis for community-based organizations (CBOs) participating in PKEEP.*

### 4.3 Adequate Payment Rates

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

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

#### 4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
  - ☒ Yes.
    - i. If yes, check if the Lead Agency:
      - ☒ Sets the same payment rates for the entire State or Territory.
      - ☐ Sets different payment rates for different regions in the State or Territory.
    - ☐ No.
  - ii. If no, identify how many jurisdictions set their own payment rates: [Click or tap here to enter text.](#)



- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). *Oct. 1, 2023.*
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? *OSSE publishes daily subsidy rates. Rates were multiplied by five to get the full-time weekly rate.*

#### 4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a ii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75<sup>th</sup> percentile of the most recent MRS. The 75<sup>th</sup> percentile benchmark applies to the base rates. The 75<sup>th</sup> percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75<sup>th</sup> percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75<sup>th</sup> percentile in the tables below, the Lead Agency must also report the 50<sup>th</sup> percentile and 60<sup>th</sup> percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a ii), provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	<i>\$98.65/ per day</i>	<i>Click or tap here to enter</i>	<i>\$493.25</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>\$612.04</i>	<i>81%</i>

		<i>text.</i>							
Family Child Care for Infants (6 months)	\$84.28/ per day	<i>Click or tap here to enter text.</i>	\$421.40	N/A	N/A	N/A	N/A	\$383.79	110%
Center Care for Toddlers (18 months)	\$98.65/ per day	<i>Click or tap here to enter text.</i>	\$493.25	N/A	N/A	N/A	N/A	\$464.60	106%
Family Child Care for Toddlers (18 months)	\$84.28/ per day	<i>Click or tap here to enter text.</i>	\$421.40	N/A	N/A	N/A	N/A	\$383.79	110%
Center Care for Preschoolers (4 years)	\$63/ per day	<i>Click or tap here to enter text.</i>	\$315.00	N/A	N/A	N/A	N/A	\$338.04	93%
Family Child Care for Preschoolers (4 years)	\$53.04/ per day	<i>Click or tap here to enter text.</i>	\$265.20	N/A	N/A	N/A	N/A	\$383.79	69%
Center Care for School-Age (6 years)	\$36.74/ per day	<i>Click or tap here to enter text.</i>	\$183.70	N/A	N/A	N/A	N/A	\$201.08	91%
Family Child Care for School-Age (6 years)	\$32.20/ per day	<i>Click or tap here to enter text.</i>	\$161.00	N/A	N/A	N/A	N/A	\$213.21	76%

- b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

☒ Yes.

☐ No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe: *Click or tap here to enter text.*



#### 4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

☐ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: [Click or tap here to enter text.](#)

☒ No.

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

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. ☒ Differential rate for non-traditional hours. Describe: [Child development facilities receive increased payment rates if a child receives services during non-traditional hours.](#)

ii. ☒ Differential rate for children with special needs, as defined by the Lead Agency. Describe: [Child development facilities receive increased payment rates if a child with special needs receives services.](#)

iii. ☐ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe: [Click or tap here to enter text.](#)

iv. ☐ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: [Click or tap here to enter text.](#)

v. ☒ Differential rate for higher quality, as defined by the Lead Agency. Describe: [Child development facilities receive payment rates based on their Capital Quality designation, with higher rates for higher quality designations.](#)

vi. ☒ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: [Child development facilities that participate in the QIN receive enhanced payment rates.](#)

vii. If applicable, describe any additional add-on rates that you have besides those identified above. [Click or tap here to enter text.](#)

c. Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

☐ Yes. If yes, describe: [Click or tap here to enter text.](#)

☒ No.

#### 4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency’s methodology or process for setting the rates or how did the Lead Agency use their data to set rates? *The current rates were established based on the District’s 2023 Child Care Cost Model Analysis, which calculated the cost of delivering care in different settings, to children of different ages, and estimated the average cost of care at varying levels of quality in both centers and homes. OSSE reviewed the 2023 cost model analysis to assess gaps between cost, price, and subsidy payment rates. In response to that analysis, in FY24, OSSE increased child care subsidy payment rates. The analysis found that the largest gap between cost and rates was for infant care in centers and, therefore, OSSE raised infant subsidy rates by 15 to 29 percent for homes and centers, depending on a provider’s Capital Quality designation. Facilities with the lowest quality designations received the largest rate increases. In 2024, OSSE compared the findings of the 2024 cost model analysis to the new FY24 subsidy rates and found that, while costs had increased since the 2023 analysis, the FY24 rate increase still reduced the gap between subsidy rates and costs to deliver care, and in some cases eliminated the gap.*
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? *The District’s Child Care Cost Modeling Tool assesses the cost of meeting health, safety, quality, and staffing requirements as outlined in the District’s child care licensing regulations. To ensure that base payment rates were adequate, OSSE revised the tiered reimbursement structure by moving from four tiers of payment rates to three tiers and moving the bottom tier (previously two tiers), Developing/Progressing rates, closer to the Quality rate, while raising rates for providers at all designations. The bottom tier (Developing/Progressing) is now 98 percent of the Quality rate, compared to 88 percent (Developing) and 90 percent (Progressing) previously. By providing a disproportionate rate increase to the lowest-paid providers, OSSE ensured that all facilities would have the means to meet health, safety, quality, and staffing requirements. Rates at the Quality designation were set just short of the cost of care, based on the District’s Child Care Cost Modeling Tool, which exceeds the cost of meeting basic health, safety, quality, and staffing requirements.*
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? *OSSE uses a cost estimation model to set subsidy payment rates. To understand how both subsidy payment rates and costs to deliver care compared to tuition paid by families, OSSE also conducted a child care provider survey, sent to all licensed child development facilities in the fall of 2022, which included questions about tuition rates. OSSE used the information on market rates received through that survey to compare child care costs, prices, and the District’s subsidy payment rates.*  
  
*OSSE sets rates for child development facilities at the Quality designation close to the estimated cost of care and rates for Developing/Progressing designations and High-quality designations below and above the Quality rate, respectively. Because the District’s Child Care Cost Modeling Tool incorporates, across all scenarios, assumptions that exceed the*

*basic requirements to meet health, safety, and licensing standards, the estimated cost of care produced by the model exceeds the costs to deliver base-level care, resulting in payment rates that support child care providers at all quality designations to sustainably operate. Rates for child development homes were set to promote stabilization of home-based child care providers by providing home providers rate increases comparable to those provided to centers and by setting infant-toddler rates at or above the cost of care. Setting payment rates near or above the cost of care increased the revenue received by child care providers participating in the subsidy system, thereby promoting their fiscal stability. Although OSSE's review of cost model assumptions found little direct connection between the tools OSSE uses to measure quality and factors that drive facilities' costs to deliver care, OSSE maintained differential rates for providers at higher quality levels, to promote stabilization for these providers while increasing rates proportionally for providers at lower quality designations, which stabilizes providers at lower designations by supporting their true costs to deliver care. OSSE uses the results of the cost modeling analysis reports to provide transparent information to child care operators and other stakeholders about child care operating costs, which can help child care program operators understand how their costs and tuition compare to other programs in the District and identify possible ways to lower costs or increase revenues to stabilize the child care market.*

- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? *OSSE used the District's Child Care Cost Modeling Tool to calculate the cost of care for a variety of scenarios including scenarios that reflect each of the District's Capital Quality designations (Developing, Progressing, Quality, and High-quality), as well as participation in various quality improvement programs (i.e., the QIN, PKEEP).*
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. *N/A.*

#### 4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

## 4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?
  - ☐ Yes. If yes, describe: [Click or tap here to enter text.](#)
  - ☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: [The District is not in compliance with the requirement to pay all provider types prospectively.](#)
- b. Does the Lead Agency pay based on authorized enrollment for all provider types?
  - ☒ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has. [Effective Oct. 1, 2024, OSSE will not adjust provider payments for days when children are absent.](#)
  - ☐ No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: [Click or tap here to enter text.](#)
  - ☐ No, it is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: [Click or tap here to enter text.](#)

## 4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?
  - ☒ Yes.
  - ☐ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or

full-time basis: [Click or tap here to enter text.](#)

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?
- ☒ Yes. If yes, identify the fees the Lead Agency pays for: *OSSE pays a \$75 initial registration fee for children receiving subsidies to reflect the payment policies and practices of non-CCDF providers.*
- ☐ No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: [Click or tap here to enter text.](#)
- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: *All child development facilities that participate in the Child Care Subsidy Program sign a provider agreement. The agreement details the following: general requirements for the provision of care and financial management requirements, attendance reporting and payment policies, reimbursement rates, sliding fee scale for parent co-payments, payment reconciliation, error reporting process for incorrect payments received, QRIS requirements, and dispute-resolution process.*
- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: *The District's Department of Human Services (DHS) conducts subsidized child care eligibility on behalf of OSSE and is responsible for notifying child care providers of changes to a family's eligibility status. DHS notifies the provider and OSSE of changes in eligibility status at the same time.*
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: *The Provider Agreement for Subsidized Child Care Services details the policies and procedures for the resolution of any disputes and the appeals process. Any disputes are attempted to be resolved informally. If informal dispute resolution attempts are unsuccessful, providers may submit a written statement detailing the concern to the Deputy Superintendent of Early Learning, who will render a decision within 30 days. The provider may appeal the decision to the Superintendent within 15 days. The Superintendent has 30 days to reconsider and render a final decision.*
- f. Other. Describe any other payment practices established by the Lead Agency: [Click or tap here to enter text.](#)

#### 4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? *OSSE's payment practices, such as issuing on-time and consistent payments and paying registration fees, support equal access to child care providers. Additionally, OSSE pays Level II providers the full subsidy rate and the parent co-payment amount, which encourages child development facilities to become Level II providers, further expanding access. As of Oct. 1, 2024, OSSE will no longer adjust provider payments based on child absences. This policy will help cover*



*providers' fixed costs to deliver care and support equal access to a full range of providers for families.*

## 4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

### 4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

☒ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: *Grants for child care slots are available for infant and toddler care and school-age care for children with disabilities. Families of children with disabilities will have a choice to enroll in a grant-funded Access to Quality Child Care for Children with Disabilities program or access child care through any Level I or Level II child care provider or an in-home provider through a subsidy voucher.*

☐ Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: *Click or tap here to enter text.*

☐ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: *Click or tap here to enter text.*

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

☒ Children with disabilities. Number of slots allocated through grants or contracts: *OSSE's Access to Quality Child Care for Children with Disabilities grant program for direct child care slots for infants and toddlers and school-age children with disabilities will enroll children beginning in FY25. OSSE anticipates serving up to 175 infants, toddlers, and school-age children.*

☒ Infants and toddlers. Number of slots allocated through grants or contracts: *OSSE's Access to Quality Child Care for Children with Disabilities grant program for direct child care slots for infants and toddlers and school-age children with disabilities will enroll children beginning in FY25. OSSE anticipates serving up to 175 infants, toddlers, and school-age children*

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts: [Click or tap here to enter text.](#)

☐ Children needing non-traditional hour care. Number of slots allocated through grants or contracts: [Click or tap here to enter text.](#)

☒ School-age children. Number of slots allocated through grants or contracts: *OSSE's Access to Quality Child Care for Children with Disabilities grant program for direct child care slots for infants and toddlers and school-age children with disabilities will enroll children beginning in FY25. OSSE anticipates serving up to 175 infants, toddlers, and school-age children.*

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts: [Click or tap here to enter text.](#)

☐ Children in urban areas. Percent of CCDF children served in an average month: [Click or tap here to enter text.](#)

☐ Children in rural areas. Percent of CCDF children served in an average month: [Click or tap here to enter text.](#)

☐ Other populations. If checked, describe: [Click or tap here to enter text.](#)

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? *Applicants respond to a Request For Application (RFA) and submit a detailed proposed grant budget, including one-time capacity-building costs, ongoing costs related to capacity-building and service delivery, and the anticipated cost per slot.*

#### 4.5.2 Care in the child's home (in-home care)

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.

☐ No.

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

- i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: [Click or tap here to enter text.](#)
- ii. ☒ Restricted based on the in-home provider meeting a minimum age requirement. Describe: *Providers are required to be at least 21 years of age.*
- iii. ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: [Click or tap here to enter text.](#)
- iv. ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: [Click or tap](#)



*here to enter text.*

- v. ☐ Restricted to care for children with special needs or a medical condition. Describe: *Click or tap here to enter text.*
- vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: *Click or tap here to enter text.*
- vii. ☐ Other. Describe: *Click or tap here to enter text.*

#### 4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
  - i. Data sources used to identify shortages: *OSSE tracks the supply of quality infant-toddler care through regular monitoring of overall licensed capacity, as well as monitoring of quality designations of child care providers participating in the District's QRIS. Together, these data points provide information on the availability and shortages of quality infant and toddler care. While the supply of quality infant and toddler care in the District continues to fall below estimated demand, the number of licensed slots for infants and toddlers has increased by more than 1,700 slots since before the coronavirus (COVID-19) pandemic.*  
  
*In addition to OSSE's data on licensed capacity and quality designations, external partners provide additional data on child care supply and shortages. OSSE has a Child Care Policy Research Partnership with the Urban Institute, through which the Urban Institute has tracked changes in supply during and since the COVID-19 pandemic. The Urban Institute's research highlights that as of September 2022, the overall supply of DC's center-based child care had returned to and surpassed pre-pandemic levels. OSSE also contracted with the Low Income Investment Fund (LIIF) to assess the landscape of child development facilities in the District. This analysis included projections of child care supply and demand using data on child care facilities' licensed capacity and US Census data for children under the age of 6 and families with all available parents. LIIF found that projected demand for child care by DC residents decreased overall by 1.3 percent from 2017 through 2023, while supply increased by 7.7 percent across all age groups, with 54 percent of new slots available for infants and toddlers. Despite the increase in supply, however, estimated infant and toddler supply falls short of projected demand in seven out of eight DC wards, and District-wide is sufficient to meet only 66.8 percent of projected resident demand. These findings are similar to those of a separate report published by the Bainum Family Foundation and the Reinvestment Fund in 2024 using a slightly different methodology. "Assessing Child Care Access: Measuring Supply, Demand, Quality, and Shortages in the District of Columbia" estimated supply of and potential demand for early learning slots by child age (e.g., infant/toddler and pre-K), program quality, and neighborhood in the District of Columbia and found that, although the number of infant and toddler slots in the*

*District has increased 48 percent since 2018 there are still only enough seats to serve 41 percent of the total infants and toddlers in the District. (The major difference between the LIIF analysis and Bainum/Reinvestment Fund analysis is that LIIF used as its starting point for demand the numbers of children under age 6 with all available parents in the workforce, and Bainum/Reinvestment used total population numbers.) Findings from these analyses help OSSE better understand supply and demand and target investments in infant and toddler supply by geography.*

- ii. **Method of tracking progress:** *OSSE tracks the number of child care slots licensed for infants and toddlers available in child development facilities and the number of slots in facilities with Quality and High-quality designations.*
  - iii. **What is the plan to address the child care shortages using family child care homes:** *Updates to the District’s child care licensing regulations in FY24 and FY25 are intended to support long-term supply building of quality child care and include specific changes to reduce the burden for child development homes. OSSE also collaborates with the District’s Department of Buildings (DOB) and Fire and Emergency Medical Service Department (FEMS) on issues related to permitting and fire safety requirements and inspection of child development facilities. OSSE is also working with these partners to understand and address factors outside the licensing process that may present barriers to the operation of child development homes. Technical assistance partners provide support to child development homes to examine their current business models and structures to identify where infant-toddler slot expansion and/or conversion is possible. When updating subsidy reimbursement rates in FY24, OSSE prioritized increasing rates to homes, in recognition that serving higher numbers of infants and toddlers requires homes to add additional staff, which increases the costs to deliver care.*
  - iv. **What is the plan to address the child care shortages using child care centers?** *Infant-toddler slots are tracked and reported quarterly. Updates to the District’s child care licensing regulations in FY24 and FY25 are intended to support long-term supply building of quality child care. OSSE also collaborates with the District’s DOB and FEMS on issues related to permitting and fire safety requirements and inspection of child development facilities, and is working with these partners to understand and address factors outside the licensing process that may present barriers to creation of infant-toddler slots or conversion of center-based slots for older children to infant and toddler slots. Technical assistance partners provide support to child development centers to examine their current business models and structures to identify where infant-toddler slot expansion and/or conversion is possible. When updating subsidy reimbursement rates, OSSE prioritizes increases in rates for infants and toddlers in center-based care, which cost modeling analysis shows still fall short of the projected cost to deliver care for infants.*
- b. **In different regions of the State or Territory:**
- i. **Data sources used to identify shortages:** *OSSE tracks licensed capacity across the District’s eight wards. Reports from partners, including the Urban Institute, Bainum Family Foundation/Reinvestment Fund and LIIF also provide insight on supply across the District’s wards.*

- ii. Method of tracking progress: *OSSE tracks the number of child development facilities and child care slots available in each ward, as well as Capital Quality designations for facilities across wards.*
- iii. What is the plan to address the child care shortages using family child care homes? *Updates to the District’s child care licensing regulations in FY24 and FY25 are intended to support long-term supply building of quality child care and include specific changes to reduce the burden for child development homes. OSSE also collaborates with the District’s DOB and FEMS on issues related to permitting and fire safety requirements and inspection of child development facilities, and is working with these partners to understand and address factors outside the licensing process that may present barriers to operation of child development homes. Technical assistance partners provide support to child development homes to examine their current business models and structures to identify where infant-toddler slot expansion and/or conversion is possible. When updating subsidy reimbursement rates in FY24, OSSE prioritized increasing rates to homes, in recognition that serving higher numbers of infants and toddlers requires homes to add additional staff, which increases the costs to deliver care.*
- iv. What is the plan to address the child care shortages using child care centers? *Infant-toddler slots are tracked and reported quarterly. Updates to the District’s child care licensing regulations in FY24 and FY25 are intended to support long-term supply building of quality child care. OSSE also collaborates with the District’s DOB and FEMS on issues related to permitting and fire safety requirements and inspection of child development facilities, and is working with these partners to understand and address factors outside the licensing process that may present barriers to creation of infant-toddler slots or conversion of center-based slots for older children to infant and toddler slots. Technical assistance partners provide support to child development homes to examine their current business models and structures to identify where infant-toddler seat expansion and/or conversion is possible. When updating subsidy reimbursement rates, OSSE prioritizes increases in rates for infants and toddlers in center-based care, which cost modeling analysis shows still fall short of the projected cost to deliver care for infants.*
- c. In care for special populations:
  - i. Data sources used to identify shortages: *With respect to special populations, OSSE has data on the number of children who qualify for child care subsidies under the various “vulnerable children” population categories, which provides information on access to child care through child care subsidies for various populations. In addition, DC CCC, the CCR&R, tracks requests for child care by population and/or service need, which also informs OSSE’s understanding of child care shortages for specific populations, particularly children with disabilities. Communication with DC CCC and other District agencies, such as the District’s Child and Family Services Agency (CFSA) and local education agencies (LEAs), provides information on populations that need support in accessing care.*
  - ii. Method of tracking progress: *OSSE tracks progress related to meeting*

*child care referral requests, as well as children determined eligible for subsidies through the vulnerable children categories.*

- iii. What is the plan to address the child care deserts and shortages using family child care homes? *Updates to the District's child care licensing regulations in FY24 and FY25 are intended to support long-term supply building of quality child care. Information from tracking progress on supply shortages may also inform the adoption of additional strategies going forward. In addition, OSSE is launching a new child care grant program to increase the supply of dedicated slots for infants, toddlers, and school-age children with disabilities. Although child care homes cannot apply directly for grants on their own, a collaborative that includes licensed child development homes may apply for a grant to increase supply of dedicated child care slots for children with disabilities in child care homes.*
- iv. What is the plan to address the child care deserts and shortages using child care centers? *Updates to the District's child care licensing regulations in FY24 and FY25 are intended to support long-term supply building of quality child care. In addition, OSSE is launching a new child care grant program to provide dedicated slots for infants, toddlers, and school-age children with disabilities. This grant program will increase the supply of dedicated slots for children with disabilities and provide insight to OSSE on the effectiveness of the overall strategy of using grant funds in this way to meet the needs of special populations, which could be replicated for additional populations. Information from tracking progress on supply shortages may also inform the adoption of additional strategies going forward.*

#### 4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: *N/A – the District is one geographic area.*
- b. Infants and toddlers. Describe: *The District uses data on licensed capacity and quality designations to identify gaps in the supply and quality of child care services. Strategies to increase the supply and quality of infant-toddler care include improvements to the District's child care licensing regulations to support long-term supply building of quality infant and toddler programs, prioritizing infant-toddler rates for subsidy rate increases, and business technical assistance to support providers in expanding infant-toddler slots, where possible.*  
  
*Finally, the District leverages its Early Head Start-Child Care Partnerships (EHS-CCP) grant to support the QIN, which is a strategy to build capacity, increase access, and enhance the quality of care for infants and toddlers. The QIN operates through a hub model to support a network of 30 child development facilities, including centers and homes, in the implementation of Early Head Start.*
- c. Children with disabilities. Describe: *Data from DC CCC, as well as communication and*

*collaboration with other agencies, including LEAs and the District’s CFSA, around serving and supporting children with disabilities and their families, have underscored the need for additional, accessible, and affordable child care options for children with a wide range of disabilities—particularly those with intensive health, behavioral, or other support needs.*

*OSSE created a new grant program in FY24 to fund up to 175 dedicated slots for child care for infants and toddlers and school-age children with disabilities. These grants will provide funding to child development facilities to support the full cost for programs to create and operate, on an ongoing basis, a fixed number of slots for children with disabilities, in the context of an inclusive program, in order to: (1) build the capacity of child development facilities to serve children with disabilities; (2) increase the number of slots available for children with the most intensive needs; and (3) ensure that slots are available for families who most need them. Families who are in need of services will have the opportunity to work with OSSE, DC CCC, and other District agencies to identify and select the provider that best fits their needs.*

*Strong Start, the District’s early intervention program, works to build capacity of child development facilities and early educators to serve children with disabilities and their families by offering training and workshops for child development facility staff on infant-toddler development and milestones, inclusive services, developmentally appropriate practices, and Strong Start’s use of the Natural Learning Environment Practices (NLEP) framework model for early intervention services.*

- d. Children who receive care during non-traditional hours. Describe: *OSSE tracks data on the number of children receiving subsidies for child care during non-traditional hours, as well as the number of child care subsidy providers who receive the “non-traditional” subsidy payment rate. Research from partners, including the Urban Institute, provides additional data on gaps in the supply of non-traditional hour care.*

*OSSE continues to analyze how to address the need for non-traditional hour care. One strategy OSSE is undertaking is reviewing subsidy policies and systems to determine whether it’s feasible for children receiving a subsidy to use more than one provider (for different hours of care), which would help families that work non-traditional hours and may need multiple child care providers. Additionally, OSSE removed a requirement for in-home care to only be used as a last resort, after an applicant had attempted to enroll the child(ren) at three different licensed child development facilities. This will better allow subsidies to be used for in-home care, which the Urban Institute’s research found as a preferred type of care for some families in need of care during non-traditional hours.*

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: *Click or tap here to enter text.*

#### 4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. *The District has a number of strategies to prioritize investments in increasing access to high-quality child care*



*for children in families in areas that have significant concentrations of poverty and unemployment and do not have access to high-quality programs. Poverty rates for children are highest in wards 5, 7, and 8. District neighborhoods that are furthest from opportunity also have the highest number of children enrolled in subsidies and the highest rate of facility participation in the program, meaning that strategies that target families receiving subsidies and providers participating in the Child Care Subsidy Program impact children in families in areas with concentrations of poverty. OSSE prioritizes increasing access to high-quality child care for such children.*

## 5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

### 5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

#### 5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: *All child development centers that provide care, education, and other services, supervision, and guidance for more than two infants, toddlers, and children who are not related, on a regular basis, are required to be licensed unless specifically exempted. A child development center is a child development facility located on premises other than a dwelling occupied by the operator of the facility. This definition encompasses facilities generally known as child care centers, preschools, nursery schools, before-and-after school programs, and similar programs and facilities. A child development center does not include a public or private elementary or secondary school engaged in legally required educational and related functions or a pre-kindergarten education program licensed pursuant to the Pre-K Act.*

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

- b. Identify the family child care providers subject to licensing: *All child development homes that provide care, education, and other services, supervision, and guidance for more than two infants, toddlers, and children who are not related, on a regular basis, are required to be licensed unless specifically exempted. A child development home is a private residence that provides care and other services for more than two infants, toddlers, or children who are not related on a regular basis. This includes facilities classified as child development homes and expanded child development homes.*

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

- c. Identify the in-home providers subject to licensing: *None. In-home providers are license-exempt providers in the District.*

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe: *Click or tap here to enter text.*

☒ No.

#### 5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.



- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. *The District does not have Child Care and Development Fund (CCDF)-eligible license-exempt center-based child care providers.*
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. *N/A*
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. *N/A*
- b. License-exempt family child care. Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. *The District does not have CCDF-eligible license-exempt family child care providers.*
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. *N/A*
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. *N/A*
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. *CCDF-eligible license-exempt in-home care is care provided when all the children in care reside in the home and the caregiver does not live in the home.*
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. *The in-home care exemption is based on a child's residence in the home.*
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. *In-home care providers must have a provider agreement with the parent, a Provider Agreement for Subsidized Child Care Services with the Office of the State Superintendent of Education (OSSE), and a current health certificate. Providers are required to be at least 21 years of age. In-home care providers receive an annual unannounced inspection, complete criminal background checks and required health and safety training, and maintain first aid and CPR certifications.*

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

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

### 5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: *Birth to 12 months of age*
- b. Toddler. Describe: *12 months to 36 months of age*
- c. Preschool. Describe: *36 to 60 months but younger than school-age*
- d. School-Age. Describe: *Between 5 years and 18 years of age on or before Sept. 30 of the current school year.*

### 5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:
  - i. Infant.  
Ratio: *1:4*  
Group size: *8*
  - ii. Toddler.  
Ratio: *24-30 months: 1:4, 30-48 months 1:8*  
Group size: *24-30 months: 12, 30-48 months: 16*
  - iii. Preschool.  
Ratio: *30 – 48 months: 1:8, 48 – 60 months: 1:10*  
Group size: *30 – 48 months: 16, 48 – 60 months: 20*
  - iv. School-Age.  
Ratio: *Under 6: 1:12, 6 years and older: 1:15*  
Group size: *Under 6: 24, 6 years and older: 30*
  - v. Mixed-Age Groups (if applicable).  
Ratio: *When children of different ages are combined in one group, the adult-to-child ratio for the youngest child applies.*  
Group size: *N/A*
- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
  - i. ☐ Not applicable. There are no differences in ratios and group size requirements.
  - ii. Infant: *Click or tap here to enter text.*
  - iii. Toddler: *Click or tap here to enter text.*
  - iv. Preschool: *Click or tap here to enter text.*
  - v. School-Age: *Click or tap here to enter text.*

- vi. Mixed-Age Groups: *Click or tap here to enter text.*
- c. Licensed CCDF family child care home providers:
  - i. Infant (if applicable)
    - Ratio: *Adult-child ratios for licensed CCDF family child care homes vary based on the number of children under age 2 served in the home:*
      - When there is one child under 2 years of age and one to 11 children over 2 years of age: 1:6*
      - When there are two children under 2 years of age and one to four children over 2 years of age: 1:6*
      - When there are three children under 2 years of age and one to six children over 2 years of age: 1:3 (with at least 2 caregivers)*
      - When there are four children under 2 years of age and one to eight children over 2 years of age: 1: 3 (with at least 2 caregivers)*
      - When there are five children under 2 years of age and one to four children over 2 years of age: 1:3 (with 3 caregivers)*
      - When there are six children under 2 years of age and one to three children over 2 years of age: 1:3 (with 3 caregivers)*
    - Group size: *Group sizes for licensed CCDF family child care homes vary based on the number of children under age 2 served in the home:*
      - When there is one child under 2 years of age and one to 11 children over 2 years of age: 12*
      - When there are two children under 2 years of age and one to four children over 2 years of age: Six*
      - When there are three children under 2 years of age and one to six children over 2 years of age: Nine*
      - When there are four children under 2 years of age and one to eight children over 2 years of age: 12*
      - When there are five children under 2 years of age and one to four children over 2 years of age: Nine*
      - When there are six children under 2 years of age and one to three children over 2 years of age: Nine*
  - ii. Toddler (if applicable)
    - Ratio: *See response to 5.2.2(c)(i).*
    - Group size: *See response to 5.2.2(c)(i).*
  - iii. Preschool (if applicable)
    - Ratio: *See response to 5.2.2(c)(i).*

Group size: *See response to 5.2.2(c)(i).*

iv. School-Age (if applicable)

Ratio: *See response to 5.2.2(c)(i).*

Group size: *See response to 5.2.2(c)(i).*

v. Mixed-Age Groups

Ratio: *See response to 5.2.2(c)(i).*

Group size: *See response to 5.2.2(c)(i).*

d. Are any of the responses above different for license-exempt family child care homes?

☐ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. *Click or tap here to enter text.*

☒ Not applicable. *The Lead Agency does not have license-exempt family child care homes.*

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

i. Infant (if applicable)

Ratio: *N/A.*

Group size: *N/A.*

ii. Toddler (if applicable)

Ratio: *N/A.*

Group size: *N/A.*

iii. Preschool (if applicable)

Ratio: *N/A.*

Group size: *N/A.*

iv. School-Age (if applicable)

Ratio: *N/A.*

Group size: *N/A.*

v. Mixed-Age Groups (if applicable)

Ratio: *N/A.*

Group size: *N/A.*

f. Are any of the responses above different for license-exempt in-home care?

☐ No.

☒ Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. *License-exempt in-home CCDF providers are authorized to provide care for up to a total of five*

*children. Of these five children, two can be children of the in-home provider. Of the five children, the in-home care provider can serve no more than two children under the age of two and up to two children between the ages of two and four.*

### 5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

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

#### a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care:

*A teacher in a child development center must be at least 18 years of age and have earned:*

- An associate or more advanced degree with a major in early childhood education or a closely related field;*
- An associate or more advanced degree with a major in a field other than early childhood education or a closely related field, with at least 12 credit hours in early childhood education and at least one year of supervised occupational experience working with children in a licensed child development facility;*
- Sixty credit hours of postsecondary coursework, with at least 12 of those credit hours in early childhood education or a closely related field and at least one year of supervised occupational experience working with children in a licensed child development facility; or*
- A current Child Development Associate (CDA) credential or equivalent, provided that the individual is enrolled in an associate or more advanced degree program and earns an associate or more advanced degree within four years of their initial date of hire as a teacher in a child development center and at least one year of supervised occupational experience working with children in a licensed child development facility.*

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

*A director of a child development center must have earned:*

- A bachelor's or more advanced degree with a major in early childhood education or a closely related field, and at least one year of supervised experience working with children in a licensed child development facility; or*
- A bachelor's or more advanced degree with a major in a field other than early childhood education or a closely related field with at least 12 credit hours in early childhood education, and at least one year of supervised experience working with children in a licensed child development facility.*

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

*A child development home caregiver must be at least 18 years of age and have completed or earned the following:*

- *An associate or more advanced degree with a major in early childhood education, or a closely related field;*
- *An associate or more advanced degree with a major in a field other than early childhood education with at least 12 credit hours in early childhood education, and at least one year of supervised occupational experience working with children in a licensed child development facility;*
- *Sixty credit hours of postsecondary coursework, or its recognized equivalent, with at least 12 credit hours in early childhood education, and have at least one year of supervised occupational experience working with children in a licensed child development facility; or*
- *A current CDA credential, or a state-awarded certificate that meets or exceeds the requirements for a CDA credential as defined by OSSE and at least one year of supervised experience working with children in a licensed child development facility.*

*An expanded home caregiver must be at least 18 years of age and have completed or earned the following:*

- *An associate or more advanced degree with a major in early childhood education or a closely related field;*
- *An associate or more advanced degree with a major in a field other than early childhood education or a closely related field, with at least 12 credit hours in early childhood education;*
- *Sixty credit hours with at least 12 credit hours in early childhood education or a closely related field; or*
- *A current CDA credential or equivalent provided that the individual is enrolled in an associate or more advanced degree program and earns an associate or more advanced degree within four years of opening their child development home.*
- *Have at least one year of operating as the caregiver in a licensed child development home or its equivalent in another jurisdiction; or at least one year of supervised occupational experience in a licensed child development center, or its equivalent in another jurisdiction, as a center director or teacher.*

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: *N/A. In-home care providers are license exempt.*

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. *Not applicable*
- b. License-exempt home-based child care. *Not applicable*
- c. License-exempt in-home care (care in the child's own home). *In-home care providers must be at least 21 years of age.*

### 5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

#### 5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 100 addresses the prevention and control of infectious diseases through exclusion policies for children and staff due to illness; requirements for health examinations for children and staff; requirements for hand washing and hand sanitizing for staff, volunteers, and children; and the removal or covering of shoes prior to entering an infant play area to protect infants from hazardous toxins.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 100 addresses the prevention and control of infectious diseases through exclusion policies for children and staff due to illness; requirements for health examinations for children and staff; requirements for hand washing and hand sanitizing for staff, volunteers, and children; and the removal or covering of shoes prior to entering an infant play area to protect infants from hazardous toxins.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*



- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Through the provider agreement, in-home caregivers are required to have a current health certificate for themselves and children in their care and are required to complete mandatory health and safety training, including on prevention and control of infectious disease.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed out-of-school time (OST) programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 100 addresses the prevention and control of infectious diseases through exclusion policies for children and staff due to illness; requirements for health examinations for children and staff; and requirements for hand washing and hand sanitizing for staff, volunteers, and children.*
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 152 requires evidence of age-appropriate and up-to-date immunizations unless children are subject to a religious or medical exemption. This evidence is typically submitted in the form of a Universal Health Certificate. The District's Department of Health (DC Health) mandates that each child must be immunized according to the required schedule of immunizations for children by age set forth in 22-B DCMR §§ 130.1 et seq., before entering the facility, unless the child has a religious or medical exemption or is within a 60-day grace period for children experiencing homelessness or children in protective services. OSSE's licensing regulations require facilities to obtain a Certificate of Immunization Compliance, issued by DC Health, which certifies that the facility has reached the District's immunization compliance target for enrolled children and staff.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 152 requires evidence of age-appropriate and up-to-date immunizations unless children are subject to a religious or medical exemption. This evidence is typically submitted in the form of a Universal Health Certificate. DC Health mandates that each child must be immunized according to the required schedule of immunizations for children by age set forth in 22-B DCMR §§ 130.1 et seq., before entering the facility, unless the child has a religious or medical exemption or is within a 60-day grace period for children experiencing homelessness or children in protective services. OSSE's licensing regulations require facilities to obtain a Certificate of Immunization Compliance, issued by DC Health, which certifies that the facility has reached the District's immunization compliance target for enrolled children and staff.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to*

*enter text.*

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Children in license-exempt in-home care are required to have a current health certificate, which includes documentation of up-to-date immunizations or exemptions.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 152 requires evidence of age-appropriate and up-to-date immunizations unless children are subject to a religious or medical exemption. This evidence is typically submitted in the form of a Universal Health Certificate. DC Health mandates that each child must be immunized according to the required schedule of immunizations for children by age set forth in 22-B DCMR §§ 130.1 et seq., before entering the facility, unless the child has a religious or medical exemption or is within a 60-day grace period for children experiencing homelessness or children in protective services. OSSE's licensing regulations require facilities to obtain a Certificate of Immunization Compliance, issued by DC Health, which certifies that the facility has reached the District's immunization compliance target for enrolled children and staff.*

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 126 establishes safe sleep practices, including requiring the use of individual cribs, cots, or beds that are not shared and are clean and sanitary. It also requires compliance with the most recent recommendations of the American Academy of Pediatrics about safe sleep practices and reducing the risk of sudden infant death syndrome. Additionally, 5A DCMR § 143 requires that facilities ensure that children enrolled are provided periods of rest, not to exceed three hours per day (unless operating during non-traditional hours). The duration and schedule of activities shall be appropriate in order to prevent fatigue and to meet the physical needs of the enrolled children at the facility, taking into account the ages and developmental levels of the children.*
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 126 establishes safe sleep practices, including requiring the use of individual cribs, cots, or beds that are not shared and are clean and sanitary. It also requires compliance with the most recent recommendations of the American Academy*

*of Pediatrics about safe sleep practices and reducing the risk of sudden infant death syndrome. Additionally, 5A DCMR § 143 requires that facilities ensure that children enrolled are provided periods of rest, not to exceed three hours per day (unless operating during non-traditional hours). The duration and schedule of activities shall be appropriate in order to prevent fatigue and to meet the physical needs of the enrolled children at the facility, taking into account the ages and developmental levels of the children.*

- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on the prevention of sudden infant death syndrome and the use of safe sleep practices within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible.*

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child care licensing regulation 5A DCMR § 123 sets requirements for the administration of medication, which prohibit a licensee from administering medication to a child in care, except in cases of emergency first aid, unless parental consent is given in writing; a licensed health care practitioner has approved; and the individual administering the medication has completed an approved medication training program or is a registered nurse, licensed practical nurse, or medication technician certified by the District's Board of Nursing to administer medication to children in care. This licensing regulation also sets forth the requirements for the storage of medication in the facility, the maintenance of a medication log, and the self-administration of medication by a child.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child care licensing regulation 5A DCMR § 123 sets requirements for the administration of medication, which prohibit a licensee from administering medication to a child in care, except in cases of emergency first aid, unless parental consent is given in writing; a licensed health care practitioner has approved; and the individual administering the medication has completed an*

*approved medication training program or is a registered nurse, licensed practical nurse, or medication technician certified by the District's Board of Nursing to administer medication to children in care. This licensing regulation also sets forth the requirements for the storage of medication in the facility, the maintenance of a medication log, and the self-administration of medication by a child.*

- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
    - ☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training in the administration of medicine within three months of signing the agreement.*
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child care licensing regulation 5A DCMR § 123 sets requirements for the administration of medication, which prohibit a licensee from administering medication to a child in care, except in cases of emergency first aid, unless parental consent is given in writing; a licensed health care practitioner has approved; and the individual administering the medication has completed an approved medication training program or is a registered nurse, licensed practical nurse, or medication technician certified by the District's Board of Nursing to administer medication to children in care. This licensing regulation also sets forth the requirements for the storage of medication in the facility, the maintenance of a medication log, and the self-administration of medication by a child.*
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: *The District's child care licensing regulation 5A DCMR § 153 sets forth requirements for obtaining permission to administer medications to children. The regulation states that parental permission to administer the medication or treatment is documented on a completed, signed, and dated medication authorization form that is received by the licensee before the medication or treatment is administered.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child care licensing regulation 5A DCMR § 153 sets forth requirements for obtaining permission to administer medications to children. The regulation states that parental permission to administer the medication or treatment is documented on a completed, signed, and dated medication authorization form*

*that is received by the licensee before the medication or treatment is administered.*

- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
  - ☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *The provider agreement requires training on the administration of medicine, including obtaining parental permission, within three months of signing the agreement.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on the administration of medicine, including obtaining parental permission, within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child care licensing regulation 5A DCMR § 153 sets forth requirements for obtaining permission to administer medications to children. The regulation states that parental permission to administer the medication or treatment is documented on a completed, signed, and dated medication authorization form that is received by the licensee before the medication or treatment is administered.*

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 115 sets forth requirements for the prevention of emergencies due to food and allergic reactions. A licensee must post all food allergy information near the entrance to each classroom. Facilities must also have a written care plan for each child with a food allergy prepared for the facility by the child's parent(s), guardian(s), or licensed health care practitioner, which must include a detailed treatment plan to be implemented in the event of an allergic reaction. The treatment plan includes the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. Based on the plan, staff must be trained to prevent exposure to food to which a child is allergic, recognize the symptoms of an allergic reaction, and administer appropriate treatment. Furthermore, facilities are required to maintain good air quality. The presence of dirt, moisture, and warmth encourages the growth of mold and other contaminants, which can trigger allergic reactions or asthma.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The*



*District's child development facility licensing regulation 5A DCMR § 115 sets forth requirements for the prevention of emergencies due to food and allergic reactions. A licensee must post all food allergy information near the entrance to each classroom. Facilities must also have a written care plan for each child with a food allergy prepared for the facility by the child's parent(s), guardian(s), or licensed health care practitioner, which must include a detailed treatment plan to be implemented in the event of an allergic reaction. The treatment plan includes the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. Based on the plan, staff must be trained to prevent exposure to food to which a child is allergic, recognize the symptoms of an allergic reaction, and administer appropriate treatment. Furthermore, facilities are required to maintain good air quality. The presence of dirt, moisture, and warmth encourages the growth of mold and other contaminants, which can trigger allergic reactions or asthma.*

- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training in the prevention of and response to emergencies due to food and allergic reactions within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 115 sets forth requirements for the prevention of emergencies due to food and allergic reactions. A licensee must post all food allergy information near the entrance to each classroom. Facilities must also have a written care plan for each child with a food allergy prepared for the facility by the child's parent(s), guardian(s), or licensed health care practitioner, which must include a detailed treatment plan to be implemented in the event of an allergic reaction. The treatment plan includes the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. Based on the plan, staff must be trained to prevent exposure to food to which a child is allergic, recognize the symptoms of an allergic reaction, and administer appropriate treatment. Furthermore, facilities are required to maintain good air quality. The presence of dirt, moisture, and warmth encourages the growth of mold and other contaminants, which can trigger allergic reactions or asthma.*

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 154 sets forth the requirements for the response to emergencies due to food and allergic reactions. A licensee shall ensure staff are trained to recognize the symptoms of and treat allergic reactions. Facilities must also have a written care plan for each child with a food allergy prepared for the facility by the child's parent(s), guardian(s), or licensed health care practitioner, which shall include a detailed treatment plan to be implemented in the event of an allergic reaction. The treatment plan includes the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. Based on the plan, staff must be trained to prevent exposure to food to which a child is allergic, recognize the symptoms of an allergic reaction, and administer appropriate treatment. Additionally, a licensee shall immediately notify the parent(s) or guardian(s) of any suspected allergic reactions of an enrolled child, as well as the ingestion of or contact with the problem food, even if a reaction did not occur.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 154 sets forth the requirements for the response to emergencies due to food and allergic reactions. A licensee shall ensure staff are trained to recognize the symptoms of and treat allergic reactions. Facilities must also have a written care plan for each child with a food allergy prepared for the facility by the child's parent(s), guardian(s), or licensed health care practitioner, which shall include a detailed treatment plan to be implemented in the event of an allergic reaction. The treatment plan includes the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. Based on the plan, staff must be trained to prevent exposure to food to which a child is allergic, recognize the symptoms of an allergic reaction, and administer appropriate treatment. Additionally, a licensee shall immediately notify the parent(s) or guardian(s) of any suspected allergic reactions of an enrolled child, as well as the ingestion of or contact with the problem food, even if a reaction did not occur.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: Click or tap here to enter text.  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on the prevention of and response to emergencies due to food and allergic reactions within three months of signing*



*the agreement.*

All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 154 sets forth the requirements for the response to emergencies due to food and allergic reactions. A licensee shall ensure staff are trained to recognize the symptoms of and treat allergic reactions. Facilities must also have a written care plan for each child with a food allergy prepared for the facility by the child's parent(s), guardian(s), or licensed health care practitioner, which shall include a detailed treatment plan to be implemented in the event of an allergic reaction. The treatment plan includes the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. Based on the plan, staff must be trained to prevent exposure to food to which a child is allergic, recognize the symptoms of an allergic reaction, and administer appropriate treatment. Additionally, a licensee shall immediately notify the parent(s) or guardian(s) of any suspected allergic reactions of an enrolled child, as well as the ingestion of or contact with the problem food, even if a reaction did not occur.*

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulations 5A DCMR §§ 122-126 require licensed providers to conform, to the extent practicable, to the National Health and Safety Performance Standards to ensure the safety and welfare of children, and the cleanliness and sanitary conditions of the facility. A licensee must ensure that every building or part that is used as a facility is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by District and federal laws and regulations with written certification of compliance from the appropriate regulatory bodies governing zoning, building construction and safety, sanitation, and fire safety. Additionally, these regulations detail various requirements for fire safety, lavatory space and equipment, and aspects of the indoor and outdoor environment. Regulation 5A DCMR § 125 of the licensing regulations sets forth requirements for daily inspection of each outdoor play space.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulations 5A DCMR §§ 122-126 require licensed providers to conform, to the extent practicable, to the National Health and Safety Performance Standards to ensure the safety and welfare of children, and the cleanliness and sanitary conditions of the facility. A licensee must ensure that every building or part that is used as a facility is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by District and federal laws and regulations with written certification of compliance from the appropriate regulatory bodies*

*governing zoning, building construction and safety, sanitation, and fire safety. Additionally, these regulations detail various requirements for fire safety, lavatory space and equipment, and aspects of the indoor and outdoor environment. Regulation 5A DCMR § 125 of the licensing regulations sets forth requirements for daily inspection of each outdoor play space.*

- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on 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 within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulations 5A DCMR §§ 122-126 require licensed providers to conform, to the extent practicable, to the National Health and Safety Performance Standards to ensure the safety and welfare of children, and the cleanliness and sanitary conditions of the facility. A licensee must ensure that every building or part that is used as a facility is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by District and federal laws and regulations with written certification of compliance from the appropriate regulatory bodies governing zoning, building construction and safety, sanitation, and fire safety. Additionally, these regulations detail various requirements for fire safety, lavatory space and equipment, and aspects of the indoor and outdoor environment. Regulation 5A DCMR § 125 of the licensing regulations sets forth requirements for daily inspection of each outdoor play space.*

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 157 ensures building and physical premises safety by setting forth requirements for the identification of and protection from bodies of water, including swimming and water play. A licensee must maintain constant and active supervision when any child is in or around water or ensure the inaccessibility of pools, including swimming pools, fixed-in-place wading pools, hot tubs, spas, fish ponds, or similar bodies of water by using a pool cover or by surrounding the pool with a fence. Exit and entrance points to pools or bodies of water must have self-closing, positive-latching gates with locking devices a minimum of 55 inches from the ground. If a facility chooses to utilize one or more wading pools, the licensee must ensure that such pools are cleaned, emptied, and drained daily and stored in a location that is inaccessible to the enrolled children unless qualified adults are present and supervising the children. Licensees must ensure that when children are swimming or playing in water, including baby pools, wading pools, and full-depth pools, they are supervised by at least one adult who is certified as a Lifeguard or Water Safety Instructor by the American Red Cross or by an equivalent water safety instruction and testing program, for every six children.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 157 ensures building and physical premises safety by setting forth requirements for the identification of and protection from bodies of water, including swimming and water play. A licensee must maintain constant and active supervision when any child is in or around water or ensure the inaccessibility of pools, including swimming pools, fixed-in-place wading pools, hot tubs, spas, fish ponds, or similar bodies of water by using a pool cover or by surrounding the pool with a fence. Exit and entrance points to pools or bodies of water must have self-closing, positive-latching gates with locking devices a minimum of 55 inches from the ground. If a facility chooses to utilize one or more wading pools, the licensee must ensure that such pools are cleaned, emptied, and drained daily and stored in a location that is inaccessible to the enrolled children unless qualified adults are present and supervising the children. Licensees must ensure that when children are swimming or playing in water, including baby pools, wading pools, and full-depth pools, they are supervised by at least one adult who is certified as a lifeguard or water safety instructor by the American Red Cross or by an equivalent water safety instruction and testing program, for every six children.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on 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 within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 157 ensures building and physical premises safety by setting forth requirements for the identification of and protection from bodies of water, including swimming and water play. A licensee must maintain constant and active supervision when any child is in or around water or ensure the inaccessibility of pools, including swimming pools, fixed-in-place wading pools, hot tubs, spas, fish ponds, or similar bodies of water by using a pool cover or by surrounding the pool with a fence. Exit and entrance points to pools or bodies of water must have self-closing, positive-latching gates with locking devices a minimum of 55 inches from the ground. If a facility chooses to utilize one or more wading pools, the licensee must ensure that such pools are cleaned, emptied, and drained daily and stored in a location that is inaccessible to the enrolled children unless qualified adults are present and supervising the children. Licensees must ensure that when children are swimming or playing in water, including baby pools, wading pools, and full-depth pools, they are supervised by at least one adult who is certified as a lifeguard or water safety instructor by the American Red Cross or by an equivalent water safety instruction and testing program, for every six children.*
- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 125 ensures building and physical premises safety by requiring the identification of and protection from hazards that can cause bodily injury, including vehicular traffic. Specifically, licensees must enclose outdoor play space with a fence or natural barrier that is at least four feet high, with a space no larger than three and one-half inches between its bottom edge and the ground and designed to prevent climbing outdoor gates. Fences must have positive self-latching closure mechanisms that are at least four feet off the ground or constructed in a manner so that they cannot be opened by a preschool-age child. Additionally, § 158 provides that a licensee maintain a safe vehicle loading and unloading area for children on or adjacent to the facility's premises.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 125 ensures building and physical premises safety by requiring the identification of and protection from hazards that can cause bodily injury, including vehicular traffic.*

*Specifically, licensees must enclose outdoor play space with a fence or natural barrier that is at least four feet high, with a space no larger than three and one-half inches between its bottom edge and the ground and designed to prevent climbing outdoor gates. Fences must have positive self-latching closure mechanisms that are at least four feet off the ground or constructed in a manner so that they cannot be opened by a preschool-age child. Additionally, § 158 provides that a licensee maintain a safe vehicle loading and unloading area for children on or adjacent to the facility's premises.*

- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on building and physical premises safety, including identification of and protection from hazards that can cause bodily injuries such as electrical hazards, bodies of water, and vehicular traffic within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 125 ensures building and physical premises safety by requiring the identification of and protection from hazards that can cause bodily injury, including vehicular traffic. Specifically, licensees must enclose outdoor play space with a fence or natural barrier that is at least four feet high, with a space no larger than three and one-half inches between its bottom edge and the ground and designed to prevent climbing outdoor gates. Fences must have positive self-latching closure mechanisms that are at least four feet off the ground or constructed in a manner so that they cannot be opened by a preschool-age child. Additionally, § 158 provides that a licensee maintain a safe vehicle loading and unloading area for children on or adjacent to the facility's premises.*

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard



- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: *The District's child care licensing regulation 5A DCMR § 147 sets forth requirements to prevent child abuse by prohibiting any staff, substitutes, volunteers, or individual residing on the premises of the facility, or any other individual connected with the facility from subjecting a child to abuse, neglect, mental injury, or injurious treatment. The standard applies to all ages of children. Additionally, regulation 5A DCMR § 127 requires a licensee to establish policies that describe procedures for identifying and preventing shaken baby syndrome and abusive head trauma in infants, if applicable. An infant is defined as an individual from birth to 12 months of age. Furthermore, regulation 5A DCMR § 141 prohibits staff members from using any of the following methods for discipline for children of any age: physical harm, including but not limited to, punching, pinching, shaking, shoving, pushing, spanking, striking, kicking, biting, yanking, strangling, kneeing, poking, or plucking.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child care licensing regulation 5A DCMR § 147 sets forth requirements to prevent child abuse by prohibiting any staff, substitutes, volunteers, or individual residing on the premises of the facility, or any other individual connected with the facility from subjecting a child to abuse, neglect, mental injury, or injurious treatment. The standard applies to all ages of children. Additionally, regulation 5A DCMR § 127 requires a licensee to establish policies that describe procedures for identifying and preventing shaken baby syndrome and abusive head trauma in infants, if applicable. An infant is defined as an individual from birth to 12 months of age. Furthermore, regulation 5A DCMR § 141 prohibits staff members from using any of the following methods for discipline for children of any age: physical harm, including but not limited to, punching, pinching, shaking, shoving, pushing, spanking, striking, kicking, biting, yanking, strangling, kneeing, poking, or plucking.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on the prevention of shaken baby syndrome and abusive head trauma within three months of signing the agreement.*
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-*

*eligible. The District's child care licensing regulation 5A DCMR § 147 sets forth requirements to prevent child abuse by prohibiting any staff, substitutes, volunteers, or individual residing on the premises of the facility, or any other individual connected with the facility from subjecting a child to abuse, neglect, mental injury, or injurious treatment. The standard applies to all ages of children. Furthermore, regulation 5A DCMR § 141 prohibits staff members from using any of the following methods for discipline for children of any age: physical harm, including but not limited to, punching, pinching, shaking, shoving, pushing, spanking, striking, kicking, biting, yanking, strangling, kneeling, poking, or plucking.*

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: *The District's child care licensing regulation 5A DCMR § 147 sets forth requirements to prevent child abuse by prohibiting any staff, substitutes, volunteers, or individual residing on the premises of the facility, or any other individual connected with the facility from subjecting a child to abuse, neglect, mental injury, or injurious treatment. Licensees are required to use positive methods of child guidance that meet the individual needs of each child and encourage self-control, self-direction, self-esteem, and cooperation. Furthermore, regulation 5A DCMR § 141 prohibits staff members from using any of the following methods for discipline: physical harm, including but not limited to, punching, pinching, shaking, shoving, pushing, spanking, striking, kicking, biting, yanking, strangling, kneeling, poking, or plucking. These standards apply to all ages of children.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child care licensing regulation 5A DCMR § 147 sets forth requirements to prevent child abuse by prohibiting any staff, substitutes, volunteers, or individual residing on the premises of the facility, or any other individual connected with the facility from subjecting a child to abuse, neglect, mental injury, or injurious treatment. Licensees are required to use positive methods of child guidance that meet the individual needs of each child and encourage self-control, self-direction, self-esteem, and cooperation. Furthermore, regulation 5A DCMR § 141 prohibits staff members from using any of the following methods for discipline: physical harm, including but not limited to, punching, pinching, shaking, shoving, pushing, spanking, striking, kicking, biting, yanking, strangling, kneeling, poking, or plucking. These standards apply to all ages of children.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt centers.*
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A. The District does not have CCDF-eligible license-exempt family child care homes.*
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on child abuse and neglect, prevention,*



*detection, and reporting within three months of signing the agreement. This requirement applies to all ages of children.*

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child care licensing regulation 5A DCMR § 147 sets forth requirements to prevent child abuse by prohibiting any staff, substitutes, volunteers, or individual residing on the premises of the facility, or any other individual connected with the facility from subjecting a child to abuse, neglect, mental injury, or injurious treatment. Licensees are required to use positive methods of child guidance that meet the individual needs of each child and encourage self-control, self-direction, self-esteem, and cooperation. Furthermore, regulation 5A DCMR § 141 prohibits staff members from using any of the following methods for discipline: physical harm, including but not limited to, punching, pinching, shaking, shoving, pushing, spanking, striking, kicking, biting, yanking, strangling, kneeling, poking, or plucking. These standards apply to all ages of children.*

#### 5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. ☒ Evacuation
- ii. ☒ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. Staff emergency preparedness
  - ☒ Training
  - ☒ Practice drills
- i. Volunteer emergency preparedness
  - ☒ Training
  - ☒ Practice drills
- ii. ☒ Communication with families
- iii. ☒ Reunification with families
- iv. ☒ Continuity of operations
- v. Accommodation of
  - ☒ Infants
  - ☒ Toddlers
  - ☒ Children with disabilities
  - ☒ Children with chronic medical conditions

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 124 requires proper handling and storage of hazardous materials and disposal of biocontaminants. Licensees must conform, to the extent practicable, to the National Health and Safety Performance Standards to ensure the safety and welfare of children and the cleanliness and sanitary conditions of the facility, per 5A DCMR § 142. Additionally, regulation 5A DCMR § 149 requires licensees to ensure that all cleaning and sanitizing supplies, toxic substances, paint, poisons, aerosol containers, and other items bearing warning labels are safely stored and are kept in a secure area, inaccessible to the children at all times. A licensee shall also ensure that the telephone number for the local poison control center is posted in a location where it is readily available in an emergency.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 124 requires proper handling and storage of hazardous materials and disposal of biocontaminants. Licensees must conform, to the extent practicable, to the National Health and Safety Performance Standards to ensure the safety and welfare of children and the cleanliness and sanitary conditions of the facility, per 5A DCMR § 142. Additionally, regulation 5A DCMR § 149 requires licensees to ensure that all cleaning and sanitizing supplies, toxic substances, paint, poisons, aerosol containers, and other items bearing warning labels are safely stored and are kept in a secure area, inaccessible to the children at all times. A licensee shall also ensure that the telephone number for the local poison control center is posted in a location where it is readily available in an emergency.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A*
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on poison prevention, including the handling of storage of hazardous materials and the appropriate disposal of biocontaminants, within three months of signing the agreement.*
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 124 requires proper handling and storage of hazardous materials and disposal of biocontaminants. Licensees must conform, to the extent practicable, to the National Health and Safety Performance Standards to ensure the safety and*

*welfare of children and the cleanliness and sanitary conditions of the facility, per 5A DCMR § 142. Additionally, regulation 5A DCMR § 149 requires licensees to ensure that all cleaning and sanitizing supplies, toxic substances, paint, poisons, aerosol containers, and other items bearing warning labels are safely stored and are kept in a secure area, inaccessible to the children at all times. A licensee shall also ensure that the telephone number for the local poison control center is posted in a location where it is readily available in an emergency.*

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 124 addresses the appropriate disposal of biocontaminants (which include blood, bodily fluids, or excretions that may spread infectious disease) and requires training on appropriate handling and disposal.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 124 addresses the appropriate disposal of biocontaminants (which include blood, bodily fluids, or excretions that may spread infectious disease) and requires training on appropriate handling and disposal.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A*
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on poison prevention, including the handling of storage of hazardous materials and the appropriate disposal of biocontaminants, within three months of signing the agreement.*
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 124 addresses the appropriate disposal of biocontaminants (which include blood, bodily fluids, or excretions that may spread infectious disease) and requires training on appropriate handling and disposal.*

#### 5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 134 requires that a licensee that enters into contracts with other entities for the provision of transportation services or rents, owns, operates, or maintains one or more*

*motor vehicles used for transporting children complies with all applicable federal and District laws and regulations governing the maintenance and operation of motor vehicles and the transportation of children. The licensee must establish and implement policies and procedures intended to ensure the safe transportation of children, including traffic records checks and policies, and procedures for the training and monitoring of any person responsible for the transportation of enrolled children. Additionally, the regulations set forth safeguards for children during transportation, including minimum adult-to-child ratios shall be maintained in vehicles, maintaining proof of vehicle insurance coverage, permission from parents, seat belt restraints, and safe loading and unloading. Licensees must also maintain a transportable first aid kit for outings and when children are being transported.*

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 134 requires that a licensee that enters into contracts with other entities for the provision of transportation services or rents, owns, operates, or maintains one or more motor vehicles used for transporting children complies with all applicable federal and District laws and regulations governing the maintenance and operation of motor vehicles and the transportation of children. The licensee must establish and implement policies and procedures intended to ensure the safe transportation of children, including traffic records checks and policies, and procedures for the training and monitoring of any person responsible for the transportation of enrolled children. Additionally, the regulations set forth safeguards for children during transportation, including minimum adult-to-child ratios shall be maintained in vehicles, maintaining proof of vehicle insurance coverage, permission from parents, seat belt restraints, and safe loading and unloading. Licensees must also maintain a transportable first aid kit for outings and when children are being transported.*
- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
  - ☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on transportation safety within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 134 requires that a licensee that enters into contracts with other entities for the provision of transportation services or rents, owns, operates, or maintains one or more motor vehicles used for transporting children complies with all applicable federal and District laws and regulations governing the maintenance and operation of motor vehicles and the transportation of*

*children. The licensee must establish and implement policies and procedures intended to ensure the safe transportation of children, including traffic records checks and policies, and procedures for the training and monitoring of any person responsible for the transportation of enrolled children. Additionally, the regulations set forth safeguards for children during transportation, including minimum adult-to-child ratios shall be maintained in vehicles, maintaining proof of vehicle insurance coverage, permission from parents, seat belt restraints, and safe loading and unloading. Licensees must also maintain a transportable first aid kit for outings and when children are being transported.*

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 150 requires all staff members to possess current and valid first aid certification appropriate to the age of children served by the facility. Additionally, licensees must have two staff members at the premises readily available to administer first aid. Further, a quantity of first aid supplies sufficient to meet the facility's reasonably expected needs, based on the size of the facility, the ages and developmental abilities of the enrolled children, and the facility's program of activities. A licensee must maintain these supplies in a designated location that is readily available to staff and inaccessible to children. Specifically, a licensee shall maintain one first aid kit with specific supplies for every 25 children. Licensees must inspect and replenish the first aid kit and also maintain a transportable first aid kit for outings and when children are being transported.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 150 requires all staff members to possess current and valid first aid certification appropriate to the age of children served by the facility. Additionally, licensees must have two staff members at the premises readily available to administer first aid. Further, a quantity of first aid supplies is sufficient to meet the facility's reasonably expected needs, based on the size of the facility, the ages and developmental abilities of the enrolled children, and the facility's program of activities. A licensee must maintain these supplies in a designated location that is readily available to staff and inaccessible to children. Specifically, a licensee shall maintain one first aid kit with specific supplies for every 25 children. Licensees must inspect and replenish the first aid kit and also maintain a transportable first aid kit for outings and when children are being transported.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
    - ☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A*



- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on pediatric first aid within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 150 requires all staff members to possess current and valid first aid certification appropriate to the age of children served by the facility. Additionally, licensees must have two staff members at the premises readily available to administer first aid. Further, a quantity of first aid supplies sufficient to meet the facility's reasonably expected needs, based on the size of the facility, the ages and developmental abilities of the enrolled children, and the Facility's program of activities. A licensee must maintain these supplies in a designated location that is readily available to staff and inaccessible to children. Specifically, a licensee shall maintain one first aid kit with specific supplies for every 25 children. Licensees must inspect and replenish the first aid kit and also maintain a transportable first aid kit for outings and when children are being transported.*
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child care licensing regulation 5A DCMR § 150 requires all staff members to possess current and valid certification in CPR appropriate to the age of children served by the facility. Additionally, licensees must have two staff members at the premises and be readily available to administer CPR. Further, the first aid kit must include a mouthpiece for giving CPR and other supplies sufficient to meet the facility's reasonably expected needs, based on the size of the facility, the ages and developmental abilities of the enrolled children, and the facility's program of activities. A licensee shall maintain these supplies in a designated location that is readily available to staff and inaccessible to children.*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child care licensing regulation 5A DCMR § 150 requires all staff members to possess current and valid certification in CPR appropriate to the age of children served by the facility. Additionally, licensees must have two staff members at the premises and be readily available to administer CPR. Further, the first aid kit must include a mouthpiece for giving CPR and other supplies sufficient to meet the facility's reasonably expected needs, based on the size of the facility, the ages and developmental abilities of the enrolled children, and the facility's program of activities. A licensee shall maintain these supplies in a designated location that is readily available to staff and inaccessible to children.*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard:



N/A

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on CPR within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child care licensing regulation 5A DCMR § 150 requires all staff members to possess current and valid certification in CPR appropriate to the age of children served by the facility. Additionally, licensees must have two staff members at the premises and be readily available to administer CPR. Further, the first aid kit must include a mouthpiece for giving CPR and other supplies sufficient to meet the facility's reasonably expected needs, based on the size of the facility, the ages and developmental abilities of the enrolled children, and the facility's program of activities. A licensee shall maintain these supplies in a designated location that is readily available to staff and inaccessible to children.*

#### 5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 139 requires a licensed provider to provide training to all staff upon initial hire and annually thereafter regarding the facility's policies and procedures relating to child abuse, neglect, and risk to a child's health, safety, or welfare, including to whom and how to report suspected abuse, neglect, or risk to a child's health, safety, or welfare. Additionally, licensees are required to notify OSSE of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children by submitting an Unusual Incident Report form (5A DCMR § 128).*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development facility licensing regulation 5A DCMR § 139 requires a licensed provider to provide training to all staff upon initial hire and annually thereafter regarding the facility's policies and procedures relating to child abuse, neglect, and risk to a child's health, safety, or welfare, including to whom and how to report suspected abuse, neglect, or risk to a child's health, safety, or welfare. Additionally, licensees are required to notify OSSE of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children by submitting an Unusual Incident Report form (5A DCMR § 128).*
  - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: N/A
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: N/A

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires annual training on child abuse and neglect, prevention, detection, and reporting within three months of signing the agreement.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development facility licensing regulation 5A DCMR § 139 requires a licensed provider to provide training to all staff upon initial hire and annually thereafter regarding the facility's policies and procedures relating to child abuse, neglect, and risk to a child's health, safety, or welfare, including to whom and how to report suspected abuse, neglect, or risk to a child's health, safety, or welfare. Additionally, licensees are required to notify OSSE of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children by submitting an Unusual Incident Report form (5-A DCMR § 128).*
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: *The District's child development licensing regulation 5-A DCMR § 147 requires all staff to immediately report and to cooperate with officials investigating alleged or actual child abuse, neglect or alleged neglect, or actual risk to an enrolled child's health, safety, or welfare. Licensees must create an encouraging and supportive environment where staff may report incidents involving alleged or actual child abuse or neglect or alleged or actual risk to an enrolled child's health, safety, or welfare without threat of retaliation, including termination of employment. Furthermore, this regulation requires that any staff member who knows or has reasonable cause to suspect that an enrolled child is, has been, or is in immediate danger of being abused or neglected make or cause to be made an immediate oral report to: the Child Protective Services Division of the Child and Family Services Agency (CFSA), via the CFSA 24-hour Child Abuse and Neglect Hotline (202- 671-SAFE); and the Metropolitan Police Department. The regulations further indicate when an oral report should be followed up with a written report and what the written report should include. Finally, 5A DCMR § 113 provides OSSE with the authority to revoke a license for failing to report suspected child abuse or neglect. Licensees are required to notify OSSE of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children by submitting an Unusual Incident Report form (5A DCMR § 128).*
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *The District's child development licensing regulation 5A DCMR § 147 requires all staff to immediately report and to cooperate with officials investigating alleged or actual child abuse, neglect or alleged neglect, or actual risk to an enrolled child's health, safety, or welfare. Licensees must create an encouraging and supportive environment where staff may report incidents involving alleged or actual child abuse or neglect or alleged or actual risk to an enrolled child's health, safety, or welfare without threat of retaliation, including termination of employment. Furthermore, this regulation requires that any staff member who knows or has reasonable cause to suspect that an enrolled child is, has been, or is in immediate*

*danger of being abused or neglected make or cause to be made an immediate oral report to: the Child Protective Services Division of CFSA, via the CFSA 24-hour Child Abuse and Neglect Hotline (202- 671-SAFE); and the Metropolitan Police Department. The regulations further indicate when an oral report should be followed up with a written report and what the written report should include. Finally, 5A DCMR § 113 provides OSSE with the authority to revoke a license for failing to report suspected child abuse or neglect. Licensees are required to notify OSSE of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children by submitting an Unusual Incident Report form (5A DCMR § 128).*

- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*  
☒ Not applicable.
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *N/A*
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *The provider agreement requires training on child abuse and neglect, prevention, detection, and reporting within three months of signing the agreement.*
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Only licensed OST programs are CCDF-eligible. The District's child development licensing regulation 5A DCMR § 147 requires all staff to immediately report and cooperate with officials investigating alleged or actual child abuse, neglect or alleged neglect, or actual risk to an enrolled child's health, safety, or welfare. Licensees must create an encouraging and supportive environment where staff may report incidents involving alleged or actual child abuse or neglect or alleged or actual risk to an enrolled child's health, safety, or welfare without threat of retaliation, including termination of employment. Furthermore, this regulation requires that any staff member who knows or has reasonable cause to suspect that an enrolled child is, has been, or is in immediate danger of being abused or neglected make or cause to be made an immediate oral report to: the Child Protective Services Division of CFSA, via the CFSA 24-hour Child Abuse and Neglect Hotline (202-671-SAFE); and the Metropolitan Police Department. The regulations further indicate when an oral report should be followed up with a written report and what the written report should include. Finally, 5A DCMR § 113 provides OSSE with the authority to revoke a license for failing to report suspected child abuse or neglect. Licensees are required to notify OSSE of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children by submitting an Unusual Incident Report form (5A DCMR § 128).*
- c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):  
☒ Yes, confirmed.

☐ No. If no, describe: [Click or tap here to enter text.](#)

#### 5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

**Nutrition.** Describe: *Licensed facilities that store, prepare, handle, and serve food must comply with the District's Food Code, 25A DCMR, and shall obtain and maintain all certifications or licenses required under the applicable laws and regulations of the District. Licensees are required to have planned daily menus for foods served by the facility. Daily menus and foods are to be varied, suitable to the ages and developmental levels of the children, and consistent with the meal pattern requirements and nutrition standards specified by the Child and Adult Care Food Program (CACFP). Facilities must plan and publicly post menus for all foods served, including snacks, and modify the menus as necessary to reflect the foods actually served. Additionally, all facilities should 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's Food Code, 25A DCMR. Staff responsibilities concerning food preparation and service should not reduce the adult-to-child ratios for staff actively supervising children or interfere with the implementation of the facility's program of activities. No person may be involved in food preparation, service, or otherwise work in the food preparation or service area, if that person shows signs or symptoms of illness or if that person is actually or probably infected with any bacterium or virus that can be carried in food. Facilities are to annually request and obtain from a child's parent(s) or guardian(s) all relevant information regarding dietary restrictions and food allergies for that child upon the child's admission to the facility. The facility shall record this information in the child's file. All staff responsible for food preparation and distribution are to be immediately informed, orally and in writing, of any dietary restrictions, food allergies, or other special dietary requirements of enrolled children at the facility. The serving of a special therapeutic diet to a child is only upon written approval from the child's parent(s) or guardian(s), accompanied by written instructions from the child's licensed health care practitioner. Facilities must provide and ensure that each child uses, at each meal or snack, clean and sanitary individual eating and drinking utensils. Reusable utensils must be washed and sanitized after each use. Facilities may use powdered milk or reconstituted evaporated milk for cooking but it may not be served as a substitute for fluid milk for drinking. A licensee must make drinking water continuously available to all children and serve drinking water on demand.*

**Access to physical activity.** Describe: *The District's child development licensing regulation 5A DCMR § 143 requires that all facilities serving children in a full-day program shall ensure that each child, including infants, toddlers, and preschoolers, has a minimum of 2 hours of active playtime each day, including a minimum of 45 minutes of outdoor activity, weather permitting. During outdoor play, children shall be dressed appropriately for weather and temperature. Facilities are required to provide 1 hour of structured active play and guided physical activity and 1 hour of child-initiated unstructured physical activity. Children attending less than a full-day program are to be scheduled to participate in a proportionate amount of such physical activities. In inclement weather, facilities should encourage and support active play in a safe indoor play area. Additionally, children shall not be engaged in sedentary activities or activities requiring them to sit passively for more than 60 minutes continuously,*

*except during scheduled rest or nap time.*

*Restrictive infant equipment such as swings, stationary activity centers, infant seats, and molded seats, if used, shall only be used for a maximum of 30 minutes, twice a day.*

Caring for children with special needs. Describe: *Licensing regulations require all facilities to make reasonable efforts to determine if any child under their care is a child with any disability, as defined by the Individuals with Disabilities Education Act (IDEA) with an Individualized Family Service Plan (IFSP), and be aware of any obligations that the licensee may have pursuant to the IFSP.*

*Facilities are to provide a child's Strong Start service coordinator or service provider access to the facility in order to provide services pursuant to the child's IFSP. If the child's IFSP is implemented while in the care of the licensee, the facility must work with the child's IFSP service coordinator or service provider to develop a plan for incorporating the IFSP goals and strategies into the child's daily routine at the facility. When disclosing any information concerning a child with an IFSP plan to any person, including a licensed health care practitioner, who is not employed by the facility, the facility must comply with privacy and disclosure requirements under federal and local IDEA laws and regulations, including but not limited to any requirement to obtain written consent from the child's parent or guardian before making any disclosure.*

*Each child with a disability is to be provided with developmentally appropriate toys, materials, and play equipment that meets the requirements of the Americans with Disabilities Act (ADA). Additionally, each child with a disability should be provided appropriate assistance and attention from staff members, volunteers, and reasonable accommodations to enable the child to participate in all services and activities provided by the facility to children without a disability, including field trips.*

Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: *Click or tap here to enter text.*

#### 5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

##### 5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.



	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: *OSSE received a Preliminary Notice of Non-Compliance on Sept. 29, 2023, indicating that OSSE has not established requirements for pre-service or orientation training that addresses all of the domains of child development. OSSE affirms that it needs additional time to revise the District's child development facility licensing regulations, to add "Child development, including the major domains of cognitive, social, emotional, physical development, and approaches to learning" to the list of required orientation and annual health and safety training topics. Training on this topic is currently available to child care providers at no charge through courses offered in OSSE's Learning Management System (LMS) and through OSSE grantees, and OSSE widely promotes training on topics related to child development, including early learning standards, effective behavior management, high-quality interactions, and promoting social and emotional learning, with the early childhood workforce.*

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

☒ No

☐ Yes. If yes, describe: [Click or tap here to enter text.](#)

## 5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

### 5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

- a. Licensed CCDF center-based providers
- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?
- ☒ Yes.
- ☐ No. If no, describe: [Click or tap here to enter text.](#)
- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:
- ☒ Annually.
- ☐ More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
- ☐ Other. If other, describe: [Click or tap here to enter text.](#)
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?
- ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
- ☒ No. If no, describe: [OSSE is revising its licensing regulations to permit the use of differential monitoring and will need to create a differential monitoring policy to implement in the future.](#)
- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. [OSSE](#)
- b. Licensed CCDF family child care providers
- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
- ☒ Yes.
- ☐ No. If no, describe: [Click or tap here to enter text.](#)
- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
- ☒ Annually.
- ☐ More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
- ☐ Other. If other, describe: [Click or tap here to enter text.](#)
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
- ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)

☒ No. If no, describe: *OSSE is revising its licensing regulations to permit the use of differential monitoring and will need to create a differential monitoring policy to implement in the future.*

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. *OSSE*

c. Licensed in-home CCDF child care providers

- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

☒ No.

☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

☐ Yes.

☐ No. If no, describe: *Click or tap here to enter text.*

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

☒ Annually.

☐ More than once a year. If more than once a year, describe: *Click or tap here to enter text.*

☐ Other. If other, describe: *N/A*

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*

☒ No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. *N/A*

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

☐ Annually.

☐ More than once a year. If more than once a year, describe: *Click or tap here to*

[enter text.](#)

☒ Other. If other, describe: *The District does not have license-exempt center-based child care providers.*

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. *N/A*

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

☐ Annually.

☐ More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)

☒ Other. If other, describe: *The District does not have license-exempt family child care providers.*

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)

☐ No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. *N/A*

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. *In-home care providers are subject to an annual monitoring visit, which includes an inspection of the caregivers' health certificate; training records; first aid and CPR certifications; criminal background checks and suitability determination records; health certificates for all children receiving subsidized care; health and safety requirements in the home; and records pertaining to attendance, meals, and activities.*

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of

license-exempt CCDF in-home child care (care in the child’s own home) providers: [OSSE](#)

#### 5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider’s failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

- i. ☐ Pre-licensing inspection reports for licensed programs.
- ii. ☒ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
- iii. ☐ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. Note: This option is only allowable if the Lead Agency does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted: [Click or tap here to enter text.](#)

b. Check if the monitoring and inspection reports and any related plain language summaries include:

- i. ☒ Date of inspection.
- ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: *The health and safety violations, as well as substantiated complaints, are included in the provider profile on the consumer education website, along with the monitoring and inspection reports.*
- iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider. Describe: *The corrective actions taken by a child development facility are listed on the inspection and monitoring reports posted in each downloadable provider profile on the consumer education website. The information listed includes the deficiency type, deficiency date, deficiency code, status, corrective actions taken, and date abated.*
- iv. ☒ A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: [Click or tap here](#)

*to enter text.*

- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
  - i. Provide the direct URL/website link to where the reports are posted:  
<https://mychildcare.dc.gov/>
  - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: *Reports are posted approximately 30 days from the inspection completion date.*
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
  - ☒ Yes.
  - ☐ No. If no, describe: *Click or tap here to enter text.*
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
  - ☒ Yes.
  - ☐ No. If no, describe: *Click or tap here to enter text.*
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
  - ☒ Yes.
  - ☐ No. If no, describe: *Click or tap here to enter text.*

#### 5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. *OSSE ensures that licensing inspectors are qualified to inspect child care facilities and have received training on health and safety requirements by issuing an annual professional development plan for all licensing staff. The qualifications for licensing specialists include graduation from an accredited four-year college or university with a relevant bachelor's degree and at least four years of relevant work experience that demonstrates knowledge of the specialized subject area of the position, at least one year of which must be equivalent to the CS-11 grade level in the District government service or an equivalent combination of education, training, and experience.*

#### 5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with



federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. *Currently, the ratio of licensing inspectors to child development facilities is 1:47. This ratio allows all required inspections and follow-up visits to be completed within the required timeframes. The ratio of licensing inspectors to licensed child development facilities is a workload and performance indicator that is tracked monthly. These performance indicators are reported quarterly to OSSE and District Government executive leadership to ensure that ratios do not exceed nationally recommended best practices.*

## 5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

### 5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: *All staff members are required to complete training on health and safety standards identified in regulation 5A DCMR § 139 on an annual basis, as well as 21 hours of annual professional development beyond the health and safety standards.*
- b. License-exempt child care centers: *N/A.*
- c. Licensed family child care homes: *All staff members are required to complete training on health and safety standards identified in regulation 5A DCMR § 139 on an annual basis, as well as 12 hours of annual professional development beyond the health and safety standards for home caregivers and staff and 15 hours of annual professional development beyond the health and safety standards for expanded home caregivers and staff.*
- d. License-exempt family child care homes: *N/A*
- e. Regulated or registered in-home child care: *N/A*
- f. Non-regulated or registered in-home child care: *In-home providers are required to complete annual health and safety training.*

## 5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5

years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

#### 5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?
- ☒ Yes.
- ☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?
- ☒ Yes.
- ☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints. [Click or tap here to enter text.](#)

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints. [Click or tap here to enter text.](#)

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. [Click or tap here to enter text.](#)

#### 5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check. [Click or tap here to enter text.](#)

#### 5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- ☒ Yes.
- ☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?
- ☒ Yes.
- ☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check. [Click or tap here to enter text.](#)

#### 5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- ☒ Yes.
- ☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.
- ☒ Yes.
- ☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. [Click or tap here to enter text.](#)

#### 5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- ☒ Yes.
- ☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?
- ☒ Yes.
- ☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. [Click or tap here to enter text.](#)

#### 5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- ☒ Yes.



☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. [Click or tap here to enter text.](#)

#### 5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

☒ Yes.

☐ No. If no, describe the disqualifying criteria: [Click or tap here to enter text.](#)

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers: [Click or tap here to enter text.](#)

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: *All prospective staff and staff working in a child development facility must complete the District, Child and Family Services, Child Protection Register Clearance. If the current or prospective staff member is listed on the child protection register, the prospective or current staff member is disqualified.*

- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: *A check of the state child abuse and neglect registry is conducted for each current or prospective staff member for any state they have lived in within the last five years. Any current or prospective staff member who is listed on any child abuse and neglect registry check is disqualified from working in a child development facility.*

#### 5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

☒ Yes.

☐ No. If no, describe the current process of notification: *Click or tap here to enter text.*

#### 5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

☒ Yes.

☐ No.

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No.

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.
  - ☒ Yes.
  - ☐ No.
- iv. Get completed in a timely manner.
  - ☒ Yes.
  - ☐ No.
- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.
  - ☒ Yes.
  - ☐ No.
- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.
  - ☒ Yes.
  - ☐ No.

#### 5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

☐ Yes.

☒ No. If no, describe. *The District's licensing regulations 5A DCMR §§ 132-135, allow a prospective staff member to begin working in a supervised capacity once the licensee has submitted a criminal background check request. OSSE's Preliminary Notice of Non-Compliance, dated Sept. 29, 2023, noted non-compliance with the provisional hire/fingerprint requirement. OSSE affirms that it needs additional time to revise the District's child development facility licensing regulations to clarify that a prospective staff member may only begin working in a supervised capacity if the results of either the Federal Bureau of*

*Investigation (FBI) fingerprint check or the state criminal background check have been returned and do not disqualify the staff member from employment in a child development facility.*

- b. In-state criminal background check with fingerprints.
  - ☒ Yes.
  - ☐ No. If no, describe. [Click or tap here to enter text.](#)
- c. In-state Sex Offender Registry.
  - ☒ Yes.
  - ☐ No. If no, describe. [Click or tap here to enter text.](#)
- d. In-state child abuse and neglect registry.
  - ☒ Yes.
  - ☐ No. If no, describe. [Click or tap here to enter text.](#)
- e. Name-based national Sex Offender Registry (NCIC NSOR).
  - ☒ Yes.
  - ☐ No. If no, describe. [Click or tap here to enter text.](#)
- f. Interstate criminal background check, as applicable.
  - ☒ Yes.
  - ☐ No. If no, describe. [Click or tap here to enter text.](#)
- g. Interstate Sex Offender Registry check, as applicable.
  - ☒ Yes.
  - ☐ No. If no, describe. [Click or tap here to enter text.](#)
- h. Interstate child abuse and neglect registry check, as applicable.
  - ☒ Yes.
  - ☐ No. If no, describe. [Click or tap here to enter text.](#)
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
  - ☒ Yes.
  - ☐ No. If no, describe. [Click or tap here to enter text.](#)

#### 5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the

date on which the provider submits the request)?

☒ Yes.

☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. [Click or tap here to enter text.](#)

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy: [Click or tap here to enter text.](#)

#### 5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

☒ Yes.

☐ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. *Interstate criminal history check requests from another state are referred to the District's Metropolitan Police Department (MPD). Early learning professionals who are District residents working at child development facilities outside of the District must obtain a District of Columbia criminal background check and sex offender registry (SOR) through the MPD.*

*This record will contain a listing only of adult convictions for which the sentence was completed not more than 10 years before the date on which the records were requested and forfeitures of collateral in a court proceeding that have occurred not more than 10 years before the date on which the record was requested. Individuals can make a background check in person or via mail.*

*Requests for child abuse and neglect registry requests are referred to CFSA. In the District, the process for child protection register check requests is fully electronic. There is no fee required. Applications and current government-issued photo IDs that include the applicant's date of birth must be submitted online by using the DC Human Resources (DCHR) Child Protection Register form (<https://cfsa.dc.gov/service/child-protection-register-cpr#qsc.tab=0>).*

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

☐ Yes. If yes, describe the current policy. [Click or tap here to enter text.](#)

☒ No.

#### 5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: *Information for how child care providers and other states and territories should initiate background check requests for prospective and current child care staff members is located at:*  
<https://mychildcare.dc.gov/MyChildCare/ProviderResources/2608/0>
- b. Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.
- c. Interstate criminal background check:
  - i. ☒ Agency name
  - ii. ☒ Address
  - iii. ☒ Phone number
  - iv. ☒ Email
  - v. ☒ Website
  - vi. ☒ Instructions
  - vii. ☒ Forms
  - viii. ☒ Fees
  - ix. ☒ Is the State a National Fingerprint File (NFF) State?
  - x. ☐ Is the State a National Crime Prevention and Privacy Compact State?
  - xi. If not all boxes above are checked, describe: *The District is not a party to the National Crime Prevention and Privacy Compact.*
- d. Interstate sex offender registry (SOR) check:
  - i. ☒ Agency name
  - ii. ☒ Address
  - iii. ☒ Phone number
  - iv. ☒ Email
  - v. ☒ Website
  - vi. ☒ Instructions
  - vii. ☒ Forms
  - viii. ☒ Fees
  - ix. If not all boxes above are checked, describe: *Click or tap here to enter text.*
- e. Interstate child abuse and neglect (CAN) registry check:



- i. ☒ Agency name
- ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?
- iii. ☒ Address
- iv. ☒ Phone number
- v. ☒ Email
- vi. ☒ Website
- vii. ☒ Instructions
- viii. ☒ Forms
- ix. ☒ Fees
- x. If not all boxes above are checked, describe: [Click or tap here to enter text.](#)

#### 5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

- ☒ Yes.
- ☐ No. If no, describe what is currently in place and what elements still need to be implemented. [Click or tap here to enter text.](#)

#### 5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

- ☒ Yes.
- ☐ No. If no, what is the frequency for renewing each component? [Click or tap here to enter text.](#)

### 5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

#### 5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

- ☒ No.
- ☐ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation

training, ongoing training, inspections, and/or background checks) do you exempt them?

## 6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

### 6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

#### 6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
  - i. ☒ Providing program-level grants to support investments in staff compensation.
  - ii. ☒ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
  - iii. ☒ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
  - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
  - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
  - vi. ☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

- vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.
- viii. ☐ Other. Describe: [Click or tap here to enter text.](#)
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. *The District has a long-running commitment to improving the compensation of early childhood educators, commensurate with the high standards we set for early educators and supports we provide early educators to meet those standards.*

*Consistent with the requirements of the locally passed Birth-to-Three for All DC Amendment Act of 2018 (DC Law 22-179), the Office of the State Superintendent of Education (OSSE) regularly conducts cost modeling analysis of the costs for providers to deliver care under various operating scenarios. As part of that analysis, OSSE reviews publicly available data on early educator salaries in child development facilities from the Bureau of Labor Statistics and, in fall 2022, conducted the DC Child Care Provider Survey, which included questions on staffing and staff compensation for a variety of roles, including early educators and administrative roles. This data is used as part of OSSE's cost modeling analysis to estimate the cost for child care providers to deliver care at current average staff compensation levels, as well as what it would cost providers to deliver care while paying staff salaries comparable to those paid to public school teachers with comparable credentials, and to calculate the incremental cost to increase staff compensation to reflect parity with public school educators.*

*In 2021, the DC Council passed legislation creating the Early Childhood Educator Pay Equity Fund, which allocated District funds to increase staff compensation for early educators, and created the Early Childhood Educator Equitable Compensation Task Force to inform OSSE's implementation of the fund. In FY24, consistent with the Task Force's recommendations, OSSE began distributing funds to child development facilities that opted-in to the Early Childhood Educator Pay Equity Fund through a child development facility (CDF) payroll funding formula. The Early Childhood Educator Pay Equity Fund is open to all licensed facilities caring for children from birth to age 5. Participating facilities receive quarterly payments to increase wages for eligible educators and must in turn pay eligible assistant teachers and lead teachers fixed wages or salaries that meet or exceed minimum salaries established by OSSE.*

*To support these efforts, OSSE published and annually updates minimum salaries, by role and credential, for eligible early childhood educators whose employers participate in the Fund, as well as a salary schedule that reflects parity with similarly credentialed educators working in District of Columbia Public Schools (DCPS), the District's local school district. Although the minimum salaries are required for child care providers participating in the Early Childhood Educator Pay Equity Fund, the salary schedule is purely advisory in nature and intended as a resource for child development facilities in adopting their own compensation schedules or policies.*

*In February 2024, OSSE reconvened the Early Childhood Educator Equitable Compensation Task Force to review available data and lessons learned from the implementation of the Fund to date and make policy and implementation recommendations to support equitable and sustainable long-term implementation of*

*the Fund for both District Government and participating child care providers. The Task Force will continue its work through at least January 2025.*

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. *Through a Memorandum of Understanding (MOU) between OSSE and the DC Health Benefits Exchange (DCHBX), funds from the Early Childhood Educator Pay Equity Fund support HealthCare4ChildCare, an innovative program that provides free or low-cost health insurance coverage for employees of licensed child development centers and homes and their families. Through HealthCare4ChildCare, the Early Childhood Educator Pay Equity Funds subsidize a portion of premiums purchased through the exchange by eligible child care employers and individual District residents working in child care facilities (including home providers).*

*While OSSE does not provide leave benefits directly, many District workers earn paid sick and safe leave through the District's Accrued Sick and Safe Leave Act of 2008 and the Earned Sick and Safe Leave Amendment Act of 2013 and are eligible for the District's paid family leave program under the Universal Paid Leave Amendment Act of 2016. OSSE shares resources and information with child care providers and other stakeholders to assist them in understanding the program and to assist providers in complying with employer requirements.*

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. *OSSE partners with DC Child Care Connections (DC CCC), the District's child care resource and referral (CCR&R) program; the District of Columbia Department of Behavioral Health (DBH); child development facility leaders; and other private and nonprofit entities to offer wellness supports, mindfulness training, and other supports to enhance the mental health and well-being of the early childhood workforce. Through Healthy Futures, the District's early childhood mental health consultation program operated by DBH, early childhood educators in Healthy Futures sites have access to mental health consultation, mindfulness, and other well-being supports. In 2023, OSSE updated the District's core knowledge areas for early educators to incorporate two additional areas that promote early educator health and well-being: 1) personal development and self-care; and 2) financial literacy. Adding these topics to the core knowledge areas allows the early childhood workforce to receive credit for completion of professional development courses related to their health and well-being. Additionally, beginning in 2019, the Quality Improvement Network (QIN), the District's Early Head Start-Child Care Partnership (EHS-CCP) program administered under a grant to OSSE, added a goal related to staff wellness to nurture well-being and cultivate a thriving community. In 2024, the goal was further refined to reflect the breadth of the QIN community.*

- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. *OSSE's Agency Strategic Plan identifies Early Learning as one of seven priorities and, within that priority, identifies investing in the early learning workforce as a key initiative. OSSE's approach to cultivating, advancing, and retaining high-quality early educators rests on three interdependent levers: 1) Set high standards for early childhood educators through minimum education requirements in OSSE's child care licensing regulations; 2) Support early educators to meet those standards and remain and advance in the field, through*

*scholarships, professional development opportunities, and supports for well-being; and 3) Compensate early childhood educators commensurately with high standards and the importance of their work. This strategy reflects a belief, grounded in evidence, that early educators who have the knowledge, skills, and support to be effective in their roles, and are compensated accordingly, will stay in the field longer and will provide better learning experiences for young children, resulting in improved access, quality, and child outcomes of early care and education. In addition to minimum education requirements, compensation and benefits initiatives, and supports for mental health and well-being outlined in other responses, OSSE provides support for educators to earn their Child Development Associate (CDA) credential through free, in-person, and/or hybrid CDA training and preparation programs, as well as scholarships and supports for early educators who are pursuing an associate or bachelor's degree. In December 2023, OSSE updated the District's child care licensing regulations, which establish minimum education requirements for the early childhood workforce, to recognize additional pathways to meet the requirements and provide flexibility in the timeline on which educators enrolled in credential and degree programs or newly entering the field are required to meet credential requirements. These changes recognize the diversity of needs and backgrounds of early childhood educators in the District, address barriers to degree and credential attainment for some educators, provide an opportunity for experienced early childhood educators to remain employed in their positions, and cultivate a continued pipeline of educators entering the field. In 2023, OSSE updated the District's core knowledge areas for early educators to incorporate two additional areas that promote early educator health and well-being: 1) personal development and self-care; and 2) financial literacy. Adding these topics to the core knowledge areas allows the early childhood workforce can receive credit for completion of professional development courses related to their health and well-being. OSSE further provides support for recruitment and retention of early educators through the DC Shared Services Business Alliance (DC SSBA), which provides robust business and management coaching, administrative and human resources support, finance and revenue training, and access to a child care management system to participating child care businesses, which supports them to implement effective human resource systems, policies, practices, and strategies to promote recruitment and retention of staff, as well as to improve revenues and business efficiencies to increase staff compensation and benefits.*

#### 6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. *Through a grant, OSSE supports the DC SSBA, which provides administrative and business support functions to participating child development homes and centers to build the business capacity of program leadership, enable them to achieve efficiencies and reduce the burden of operational and administrative functions to free up leaders' time and resources for other priorities, including staff coaching and compensation. DC SSBA partners with Capital Quality, the District's quality rating and improvement system (QRIS), DC CCC, and the QIN, to leverage and share resources in support of participating child care businesses. To enhance and align efforts across multiple District organizations in providing child care businesses support, OSSE partners with Hurley and Associates, an OSSE grantee, to convene the DC Early Childhood Education Business Collaboratory. The*



*members of the DC Early Childhood Education Business Collaboratory, which includes Hurley and Associates (co-lead), United Planning Organization (UPO), Kids Comprehensive Services, the Low Income Investment Fund (LIIF), and Washington Area Community Investment Fund (Wacif), collaborate with OSSE to coordinate business training and supports and advance efforts to promote child care business sustainability in the District. In 2024 the Collaboratory members developed core competencies for child care business leaders across four domains: 1) financial management; 2) business efficiency; 3) enrollment management; and 4) human resources. Going forward, professional development and business capacity-building opportunities provided by OSSE and other partners will be aligned to the core competencies as a common framework for advancing child care program leaders' knowledge and skills and facilities' practices in areas most aligned with sustainable quality child care business operations.*

*For example, OSSE will highlight how basic and advanced business training aligned to the framework can be used to meet annual professional development requirements included in child development facility licensing regulations. The District's Trainer Approval Program (TAP) will certify trainers that offer training on business practices for child care center directors and owners aligned to the competencies.*

- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
- a. ☒ Fiscal management
  - b. ☒ Budgeting
  - c. ☒ Recordkeeping
  - d. ☒ Hiring, developing, and retaining qualified staff
  - e. ☒ Risk management
  - f. ☒ Community relationships
  - g. ☒ Marketing and public relations
  - h. ☒ Parent-provider communications
  - i. ☒ Use of technology in business administration
  - j. ☒ Compliance with employment and labor laws
  - k. ☐ Other. Describe any other efforts to strengthen providers' administrative business:  
[Click or tap here to enter text.](#)

#### 6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: *In alignment with the DC Language Access Act, OSSE makes resources and communications available in the most common languages spoken among child care providers and staff (English, Spanish, and Amharic), and all OSSE staff and grantees have access to a language access support line to communicate with providers with limited English proficiency. Further, OSSE's grantees who support professional*



*development, Capital Quality, DC SSBA, CCR&R, and the QIN all include staff members with proficiency in Spanish and other languages who are able to support early childhood providers and early educators with limited English proficiency in becoming licensed, participating in the subsidy system, and accessing professional development and postsecondary opportunities. OSSE and its partners offer professional development opportunities regularly in English, Spanish, and Amharic. The CDA Training and Preparation program is also offered in English, Spanish, and Amharic. Capital Quality employs staff who speak Spanish and Amharic, and all staff have access to the language access line for any individual who may have questions or want to learn more about the initiative. Capital Quality participation is required for all subsidy providers.*

*OSSE engages regularly with the District's Multicultural Spanish Speaking Providers Association (MSSPA) to understand the experiences, needs, and opportunities of Spanish- and Amharic-speaking and immigrant early childhood educators, directors, and owners, including identifying and addressing barriers to participation in the child care subsidy system and OSSE-funded professional development and postsecondary education opportunities. Through this partnership, OSSE has been able to connect early educators and providers with limited English proficiency with the subsidy system.*

- b. *Providers and staff who have disabilities: OSSE provides outreach and services to persons with disabilities. Customer service sites and in-person training locations (e.g., OSSE headquarters and CCR&R service centers) are accessible and comply with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. The online learning platform supports information in multiple modalities (e.g., documents, videos, assignments, etc.). All providers, including those with disabilities, are encouraged to participate in Capital Quality, the District's QRIS. Quality facilitators who support Capital Quality receive training, technical assistance, and coaching to support providers, early educators, families, and children with special needs.*

## 6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

### 6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

☒ Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: *In 2023 OSSE added two new core knowledge areas related to self-care and well-being: 1) personal development and self-care; and 2) financial literacy. OSSE engaged the DC Child Care Provider Working Group to review and discuss the proposed new core knowledge areas for which educators can*

*earn professional learning units. The Child Care Provider Working Group highlighted the importance of having the two new core knowledge areas to meet the health and wellness needs of early educators. Early educators and other stakeholders also provided feedback emphasizing the importance of self-care and financial literacy through feedback received in meetings and surveys. While OSSE began offering training on these topics prior to formalizing these areas as core knowledge areas, it is important for early educators to earn professional learning units for participating in related training.*

☐ No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

☒ Yes. If yes, identify the other key groups: *OSSE collaborated with child care providers and community stakeholders on the development and approval of the two new core knowledge areas.*

☐ No.

#### 6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). *OSSE's professional standards and competencies, also known as core knowledge areas for early educators, are designed to facilitate a trajectory of learning to support the effectiveness and professional growth of all members of the early learning workforce, including teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensing specialists, quality facilitators, etc. The core knowledge areas build on minimum credential and degree requirements for directors, teachers, assistant teachers, home caregivers, and associate home caregivers established in OSSE's child development facility licensing regulations and are integrated into professional development opportunities supported by OSSE and approved trainers. The knowledge and skills included in the core knowledge areas are aligned with the National Association for the Education of Young Children (NAEYC) Standards for Early Childhood Professional Preparation, the CDA Competency Standards, DC Early Learning Standards, DCPS Effective Schools Framework, and the Federal Head Start Early Learning Outcomes Framework.*

*The core knowledge areas 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 Relationships; 8) Diversity: Family, Language, Culture, and Society; 9) Program Management, Operation, and Evaluation; 10) Professionalism and Advocacy; 11) Social-Emotional Development and Mental Health; 12) Personal Development and*

*Self-Care; and 13) Financial Literacy.*

*In addition to the core knowledge areas, OSSE’s licensing regulations address both mandatory trainings for all newly hired child care staff and ongoing annual professional development requirements to ensure that all early learning workforce members have an understanding of basic standards of child health, safety, and development and receive annual maintenance training in these areas, as well as in additional topic areas such as developmentally appropriate methods of positive behavior intervention and support and inclusion of children with special needs, consistent with the requirements of Child Care and Development Fund (CCDF).*

- ii. *Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. OSSE’s child care licensing standards and supports for early childhood educators provide multiple pathways for early educators to meet minimum education requirements for their roles and advance in the profession. Data on current early educators’ roles, credentials, and compliance with or progress towards meeting minimum education requirements are tracked in the Division of Early Learning Licensing Tool (DELLT), which in turn is integrated with OSSE’s Learning Management System (LMS), a comprehensive learning management platform that supports educators working with learners birth through grade 12 across all sectors of the District’s public education and early learning system (DCPS, public charter schools, and licensed child development facilities) to access high-quality professional development content and maintain a record of their professional learning. Together, DELLT and the OSSE LMS fulfill the functions of a professional development registry for the District and enable OSSE to track data on the early learning workforce by role, credential, employer, participation in professional development, and other key indicators. All staff working with children in licensed child development facilities must be entered into DELLT and upon entry into DELLT are automatically provided access to the OSSE LMS within 24 hours. Early childhood professionals working in roles not included in DELLT may request access from OSSE.*

*In December 2023, OSSE revised its licensing regulations to recognize and clarify additional career pathways for early childhood educators working in licensed child development facilities, including pathways that allow educators to work in a role while enrolled in a degree or certificate program to earn required credentials, recognition of degrees and credentials earned in other states and countries, and a pathway for educators with at least 10 years continuous service to remain in their roles without being required to complete additional coursework. These pathways were developed in consultation with the early learning community and designed to address common barriers in order to cultivate a pipeline of future qualified early educators and provide opportunities for current early educators to advance in their careers without leaving their current roles.*

*OSSE offers scholarships for CDA credentials, associate degrees, and bachelor’s degrees to enable early educators to meet the requirements for their current role and advance in the field. OSSE offers credential verification/certification for*

*individual workforce members to verify the roles their specific education/credentials qualify them for, and that information is captured in DELLT.*

*OSSE conducts extensive communications efforts to share information with early childhood professionals about the general responsibilities, minimum education requirements, and professional development and advancement opportunities available for each designated position in licensed child development facilities (e.g., teacher, assistant teacher, director, home or expanded home provider, associate home caregiver). OSSE has developed user-friendly resource pages and fact sheets for early childhood education professionals that include links to available programs and resources for earning required credentials or degrees. Early childhood professionals can also contact OSSE's Early Childhood Education (ECE) Help Desk via phone or email for live, customized support, technical assistance in navigating career pathways and options, and for support connecting to resources and degree or credential programs. OSSE also partners with multiple entities, including employers, professional associations, and advocacy groups, to share information with early education professionals representing the diversity of the District's early learning sector, get input on career pathways and resources, and connect educators to resources and supports.*

- iii. *Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. The Program Quality Committee of the State Early Childhood Development Coordinating Council (SECDCC) is responsible for advising OSSE on strategic priorities and programming relating to recruiting, retaining, developing, and supporting the early learning workforce. Specifically, this group focuses on recruitment and retention, professional development, and support for meeting the minimum education requirements. The SECDCC program quality subcommittee makes recommendations to OSSE, SECDCC, and child development facilities in areas related to program quality. This group meets quarterly and provides feedback and input to OSSE on overall early learning workforce strategy and theory of change as well as specific topics and programs. OSSE also consults with the DC Head Start Association regarding early learning workforce policies and their implementation that affect Head Start programs and with the Child Care Recovery Working Group, a group of child care program leaders convened to serve as an advisory body for OSSE. OSSE also convenes the Early Childhood Educator Equitable Compensation Task Force on issues related to financing and intersections between professional development, credentials, and compensation policies. OSSE meets with CDA administrators and institutions of higher education (IHEs) monthly to discuss ongoing needs related to their programs, program improvements, enrollment, and professional development. CDA administrators' committee meetings are attended by CDA Training and Preparation Program leaders and the Council for Professional Recognition, which issues the CDA credential. The monthly IHE meetings are attended by department leadership and registrar representatives from colleges and universities that partner with the DC Leading Educators toward Advanced Degrees (DC LEAD) program. OSSE shares updates on the minimum education requirements for early childhood educators and ideas on how IHEs can adjust their programming and align training and education opportunities to help*

*educators meet the minimum education requirements.*

*OSSE also solicits input from public and stakeholder audiences on key policies, including any regulatory changes, and conducts surveys through its workforce programs and its ECE Help Desk to get input on the needs of the early learning workforce, identify hurdles preventing early childhood educators and prospective early childhood educators from accessing existing resources, and inform strategies for improvement.*

- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. *OSSE supports articulation agreements with partnering IHEs through DC LEAD grant program. The DC LEAD program grantee established articulation agreements with IHE partners to award college credits (between three to 12 hours, depending on partner institution and degree) to early educators who have obtained CDA credentials issued by the Council for Professional Recognition.*
- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. *Information on the workforce is collected in OSSE's DELLT for educators and facility leadership. This information includes name, role, birth date, date of hire, separation date (if applicable), education credential(s), language, salary, benefits, and address. DELLT is integrated with the OSSE LMS, a comprehensive learning management platform that supports educators working with learners' birth through grade 12 across all sectors of the District's public education and early learning system (DCPS, public charter schools, and licensed child development facilities) to access high-quality professional development content and maintain a record of their professional learning. All early educators in DELLT are automatically provided access to the OSSE LMS to access and maintain a record of participation in training and professional development. Together, DELLT and the OSSE LMS fulfill the functions of a professional development registry for the District and enable OSSE to track data on the early learning workforce by role, credential, employer, participation in professional development, and other key indicators.*
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. *OSSE uses federal and local funds to provide professional development and continuing education opportunities to the early learning workforce. CCDF and local funds support a variety of workforce development programs including in-person training courses, unlimited access to an online learning platform, scholarships for CDA training and preparation programs, and college tuition scholarships.*

b. Does the Lead Agency use additional elements?

☒ Yes.

If yes, describe the element(s). Check all that apply.

- i. ☐ Continuing education unit trainings and credit-bearing professional development. Describe: [Click or tap here to enter text.](#)



- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: *The Program Quality subcommittee of the SECDCC supports this engagement and review of offerings to ensure alignment with the framework. Additionally, OSSE funds a grantee to administer the TAP, which supports the delivery of quality professional development aligned with the District's core knowledge areas by certifying individual and organizational professional development trainers that provide ongoing training and professional development opportunities that are aligned to the 13 core knowledge areas and support the specific knowledge and skills needed by early childhood professionals to work effectively with all young children and families. TAP-certified trainers must maintain and provide documentation of ongoing professional development, as well as information on professional development that they offer quarterly. TAP approval lasts for three years, upon which time certified trainers must renew and provide supporting documentation related to their ongoing professional development and training offered as well. OSSE also offers ongoing learning opportunities that TAP-certified trainers may participate in to further expand their expertise.*
- OSSE meets with CDA administrators and IHEs monthly to discuss ongoing needs related to their programs, program improvements, and professional development. The CDA administrator's committee meetings are attended by CDA training and preparation program leaders and the Council for Professional Recognition, which issues the CDA credential. The monthly IHE meetings are attended by DC LEAD partnering colleges and universities.*
- iii. ☐ Other. Describe: *Click or tap here to enter text.*
- ☐ No.

### 6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? *Professional development standards and competencies were developed to ensure that they reflect the diversity of providers in terms of cultural and linguistic diversity, role, setting, ages served, and level of experience on a given topic. As such, trainings are offered at various levels (i.e., basic, intermediate, advanced), which are identified in the OSSE LMS. Additionally, trainings offered are tagged to identify roles that are relevant to the training offered (i.e., directors, administrators, teachers, assistant teachers, home caregivers, associate home caregivers, OST staff, early care, and education staff serving school-age children, instructional coaches, trainers, other early childhood support roles) as well as by age groups of children for which they are relevant. OSSE adopted two new core knowledge areas related to health and well-being based on stakeholder feedback, to promote increased retention and well-being across the diversity of early educators in the District's workforce. To better meet the needs of facility leaders, OSSE and its partners in the DC Early Childhood Education Business Collaboratory are finalizing a set of core competencies for business practices for facility leadership that will*



*be supported by professional development playlists on those topics and based on facility type (e.g., center vs. home) and level of knowledge.*

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? *In December 2023, OSSE revised the District's child development facility licensing regulations to provide early childhood educators additional pathways and flexibility to meet education requirements for their staff types. The education requirements provide a career pathway for advancement among staff roles based on the completion of additional credentials or degrees for directors, teachers, assistant teachers, home caregivers, and associate home caregivers. The Early Childhood Educator Pay Equity Fund, the District's early educator compensation initiative, provides funding to child development facilities that opt into the program to raise wages or salaries of eligible educators, based on their staff type (i.e., teacher, assistant teacher, expanded home caregiver, home caregiver, associate home caregiver) and level of education completed. OSSE published, and will continue to regularly update, a schedule of required minimum salaries, by staff role and credential, that providers participating in the program must meet or exceed for all eligible early educators. To comply with local legislative requirements, OSSE developed a voluntary compensation scale that includes education level and years of experience that facilities may use to further increase wages or salaries of staff. OSSE collects education credential information in DELLT for all child care facility leaders and educators, and reports on the percentage of the workforce meeting the minimum education requirements quarterly. The share of educators meeting minimum education requirements has increased over time, including as a result of changes made to licensing regulations in December 2023. Between October 2023 and April 2024, the share of directors, teachers, and assistant teachers meeting minimum education requirements increased by two percent, 28 percent, and 37 percent, respectively. The share of home caregivers, expanded home caregivers, and associate caregivers meeting minimum education requirements increased by 1 percent, 22 percent, and 31 percent, respectively. In each of these staff types, the share of educators meeting the education requirements is between 69 and 89 percent. Additionally, OSSE collects wage and salary data for eligible staff in facilities participating in the Early Childhood Educator Pay Equity Fund quarterly.*
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? *In 2021, the District launched the Early Childhood Educator Equitable Compensation Task Force, which was tasked with informing the development of an employee compensation scale for child development providers, proposing an employee compensation scale for early childhood development providers that accounts for employee roles, credentials, and experience, and providing recommendations for implementing the employee compensation scale. The Task Force recommendations were included in legislation authorizing the Early Childhood Educator Pay Equity Fund. In February 2024, the District reconvened the Early Childhood Educator Compensation Task Force to help inform the continued implementation of the Early Childhood Educator Pay Equity Fund.*

*The CDA administrators committee identified the need for a CDA practice exam and supported the development of a practice exam as a committee. Additionally, two partners supported translating the practice exam into Spanish and Amharic to ensure it is accessible to scholars participating in CDA cohorts in English, Spanish, and Amharic. The IHE partner meetings have been used to revisit and make recommendations related to post-secondary certificates for early childhood professionals who need credit hours in early childhood. As a result, three partnering universities have developed and/or improved certificate programs. The IHE partner meetings also led to streamlining data sharing agreements between OSSE, our grantee, and six partnering IHEs to ensure access to up-to-date and accurate scholar education data.*

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? *The SECDCC program quality subcommittee makes recommendations to OSSE, SECDCC, and child development facilities in areas related to program quality. These recommendations include aligning training and education opportunities across the professional development system and programs in which the early learning workforce engages. Updates to professional development offerings have been made based on feedback from the program quality subcommittee. OSSE also meets with CDA administrators and IHEs monthly to discuss ongoing needs related to their programs, program improvements, and professional development. The CDA administrators' committee meetings are attended by CDA Training and Preparation program leaders and the Council for Professional Recognition, which issues the CDA credential. During these meetings, participants provide updates related to their respective programs and share needs, upcoming events, professional development, and available support and resources. OSSE and IHEs use this time to discuss current and future needs. OSSE shares updates on the minimum education requirements for early childhood educators and ideas on how IHEs can adjust their programming and align training and education opportunities to help educators meet the minimum education requirements.*

*OSSE reviews data on early learning workforce credentials on a quarterly basis and publishes this information in a report available on the website. CDA administrators also share their program enrollment information for reference.*

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? *Workforce data is collected in DELLT. Salary and benefit information is also included in DELLT and for child care providers participating in the Early Childhood Educator Pay Equity Fund, data on workforce wages is required to be reported and records are reviewed quarterly. Additionally, OSSE has a partnership with the Urban Institute, funded by a federal grant from the Department of Health and Human Services, Administration of Children and Families, Office of Planning, Research, and Evaluation to look at early learning workforce, turnover, and satisfaction.*

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? *All child development facilities must comply with District and/or federal laws and requirements regarding worker wages and hours that apply to all employers, including the Fair Shot Minimum Wage Act of 2016. Child care providers participating in the District's Child Care Subsidy Program must also comply with the Living Wage Act of 2006. Child care providers participating in the Early Childhood Educator Pay Equity Fund agree to pay minimum salaries set by OSSE based on their role and education credentials and receive quarterly awards to raise wages/salaries for their educators.*

### 6.3 Ongoing Training and Professional Development

#### 6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: *21 hours*
- b. License-exempt child care centers: *N/A*
- c. Licensed family child care homes:  
*Child Development Home Caregivers and staff: 12 hours*  
*Expanded Home Caregivers and staff: 15 hours*
- d. License-exempt family child care homes: *N/A*
- e. Regulated or registered in-home child care: *N/A*
- f. Non-regulated or registered in-home child care: *12 hours*

#### 6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). *N/A*

#### 6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians?

*Professional developmental trainings are aligned to meet one or more of the core knowledge areas that are defined by OSSE. The core knowledge areas outline the 13 areas of specific knowledge and skills professionals need to work effectively with young children and families. To support educators working with dual language learners and English learners, professional development opportunities are*

*offered in the area of Diversity: Family, Language, and Culture Society. Additionally, the core knowledge area of Inclusive Practices provides professional development focused on meeting the needs of children with developmental delays and/or disabilities. To ensure accessibility, professional development opportunities are available in English, Spanish, and Amharic and can be taken self-paced and/or instructor led. All professional development opportunities are tagged for educators based on setting and age group served to ensure that the workforce can select training tailored to their setting and roles.*

#### 6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (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) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: *Child care subsidy providers are required to conduct a developmental screening of enrolled children under age 6 within 45 days of enrollment and submit and document referrals to Strong Start, the District's early intervention program for children birth to age three, or to Early Stages (children 3 to 5 years of age), as applicable.*

*Strong Start regularly provides training opportunities to the early childhood workforce focused on healthy development, support for young children and families, and screening tools, such as the Ages and Stages Questionnaire (ASQ) (third edition). Educators may complete this training in person and/or online to fulfill the District's annual professional development requirements focused on developmentally appropriate practices. In collaboration with families, educators can leverage these tools and available resources to make informed referrals for children requiring additional support and early intervention services.*

#### 6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

##### 6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
  - i. ☒ Research-based.
  - ii. ☒ Developmentally appropriate.
  - iii. ☒ Culturally and linguistically appropriate.

- iv. ☒ Aligned with kindergarten entry.
- v. ☒ Appropriate for all children from birth to kindergarten entry.
- vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- vii. If any components above are not checked, describe: *Click or tap here to enter text.*
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
  - i. ☒ Cognition, including language arts and mathematics.
  - ii. ☒ Social development.
  - iii. ☒ Emotional development.
  - iv. ☒ Physical development.
  - v. ☒ Approaches toward learning.
  - vi. ☒ Other optional domains. Describe any optional domains: *The DC Early Learning Standards (DC ELS) include a set of standards in Science and Engineering and the Arts.*
  - vii. If any components above are not checked, describe: *Click or tap here to enter text.*
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? *The DC ELS were originally adopted in 2012. The primary purpose of the DC ELS is to ensure that children in the District have the kinds of rich and robust early learning experiences that prepare them for success in school and for lifelong learning. The DC ELS includes indicators for infants, toddlers, 2-year-olds, and preschoolers, as well as exit expectations for children leaving pre-K and kindergarten. The kindergarten exit expectations mirror the Common Core State Standards for English Language Arts and Mathematics and the Next Generation Science Standards (NGSS). In October 2019, OSSE published an updated DC ELS and implementation plan. OSSE continues to provide professional development and training opportunities to support early educators across the mixed delivery system in understanding and implementing the DC ELS in their early care and education settings.*
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.  
<https://osse.dc.gov/publication/district-columbia-early-learning-standards-dc-els>

#### 6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. *The primary purpose of the DC ELS is to ensure that children in the District have the kinds of rich and robust early learning experiences that prepare them for success in school and for lifelong learning. The DC ELS are used as: a resource for guiding the selection and implementation of curriculum; a focus for discussion by families, educators, community members, and policymakers regarding the care and education of young children; a guide for selecting assessments appropriate for children from a variety of backgrounds with differing abilities; a guide for planning experiences and instruction that enable children to make progress in meeting the standards; and a framework for planning professional development opportunities for educational staff.*



- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
  - i. ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
  - ii. ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
  - iii. ☒ Will be used as the primary or sole method for assessing program effectiveness.
  - iv. ☒ Will be used to deny children eligibility to participate in CCDF.
  - v. If any components above are not checked, describe: [Click or tap here to enter text.](#)

## 7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

### 7.1 Quality Activities Needs Assessment

#### 7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: *The District is working to improve access, quality, and affordability of child care for DC families. To inform these efforts, the Office of the State Superintendent of Education (OSSE), as the lead*



agency for the Child Care and Development Fund (CCDF), regularly collects and analyzes information from a variety of sources to identify needs and inform quality improvement and supply-building strategies. These information sources include: 1) Administrative data collected from child development facilities and grantees to facilitate implementation of OSSE programming, including child care licensing data on facility location, capacity, ages of children served, deficiencies identified, and staff qualifications; Child Care Subsidy Program data on participating facilities and children and families receiving subsidies; early educator participation in and satisfaction with professional development opportunities supported by OSSE grantees and approved trainers; and early educators participating in OSSE-funded credential and scholarship programs and their progress toward degrees; 2) Independent observations of child care program quality, conducted using valid and reliable observation tools (the Infant/Toddler Environment Rating Scale – Third Edition [ITERS-3], Family Child Care Environment Rating Scale – Third Edition [FCCERS-3], and Classroom Assessment Scoring System [CLASS®] for Pre-K) for all facilities participating in Capital Quality, the District’s quality improvement and rating system (QRIS), and/or the Early Childhood Educator Pay Equity Fund; 3) Feedback from child care program operators, collected via formal advisory structures, such as OSSE’s Child Care Recovery Working Group and monthly calls with child care stakeholders, as well as tracking informal feedback provided to OSSE staff; 4) Feedback from families and supports requested from those participating in the Quality Improvement Network Parent Committees and Policy Council, receiving Strong Start early intervention services or engaging with DC Child Care Connections (DC CCC), the District’s child care resource and referral agency (CCR&R); 5) Feedback from early educators collected via surveys administered to participants in OSSE-supported professional development and scholarship programs and Capital Quality ongoing participation surveys; 6) Research and analyses conducted or commissioned by OSSE to address specific questions of interest, including the legislatively required cost modeling analysis, DC Child Care Provider Survey, and a child care facility study commissioned from an independent research partner to understand the current supply and demand for child care in the District and condition of child care facilities and supporting ecosystem infrastructure; 7) Research partnerships, including the District of Columbia Child Care Research Partnership Study and the Evaluation of the District of Columbia’s Innovative Subsidy Policies and Practices study, both funded by the US Department of Health and Human Services, Administration of Children and Families; and 8) Review of academic literature and new research on early childhood program quality and child development. OSSE has put in place structures, at a leadership level, to facilitate regular review and sense-making of information from across these multiple sources to monitor progress and inform priorities for continuous improvement. As such, needs assessment is not a one-time activity or a specific deliverable, but an ongoing process that is embedded in and informs all aspects of OSSE’s work as the lead agency.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: *Through the ongoing review of data and information to inform quality improvement strategies, OSSE has identified three priority areas for quality improvement efforts: 1) Developing and retaining a highly skilled workforce, 2) Improving program-level performance in the ITERS, FCCERS, and CLASS domains that reflect the quality of adult-child interactions that support children’s learning and development and 3) Strengthening child development home providers’ and center leaders’ understanding of and capacity to implement sustainable business practices.*

*OSSE's early learning strategy emphasizes developing and retaining a highly skilled and well-compensated early childhood workforce as a crucial lever for advancing the District's goals for child care access, quality, and affordability. This focus is particularly informed by research demonstrating that quality child care is primarily a function of how early educators nurture and interact with children and the kinds of warm and responsive experiences and environments they create to promote early learning; feedback from child development facilities that recruiting and retaining a skilled early childhood workforce is one of the biggest challenges they face in expanding access to quality child care; and feedback from early educators on their satisfaction with and challenges in their roles and the supports they need to be successful and remain in the field. OSSE has set a goal to increase the number and percentage of early childhood educators meeting minimum education requirements for their roles, with the target to reach 100 percent of educators in all staff types meeting minimum education requirements by the conclusion of the fiscal year 2025-27 (FY25-27) CCDF Plan. OSSE measures educator progress in meeting the education qualifications for their staff role monthly. As of January 2024, 88 percent of center directors; 63 percent of teachers; 68 percent of assistant teachers; 74 percent of expanded home caregivers; 77 percent of home caregivers, and 78 percent of associate home caregivers met the minimum education requirement for their position. OSSE also regularly assesses progress along a continuum of supports for early educators and outcome measures, including professional development and scholarship offerings, progress on meeting credential and degree requirements, and early educator compensation, as well as through the research partnerships described above, which include direct engagement with early educators to solicit their perspectives on quality improvement and workforce support initiatives.*

*Our focus on minimum education requirements is based on a belief that increasing the number of early educators obtaining these degrees and credentials will result in improved adult-child interactions and child learning and development outcomes. OSSE's quality improvement strategies also prioritize ongoing professional development that builds program leaders' capacities to support high-quality interactions and learning environments and early educators' capacities to engage in high-quality interactions and strengthen instructional support. Based on 2023 observation data from the CLASS for Pre-K, 99 percent of child development facility programs met or exceeded the floor for Emotional Support, 97 percent met or exceeded the floor for Classroom Organization, 89 percent met or exceeded the floor for Instructional Support, and 88 percent met or exceeded floors across all three domains. Data also showed that child development facilities improved in all CLASS for Pre-K domains. Instructional Support, however, remains an area for improvement with only 10 percent of child development facility programs across the District meeting the target, compared to 89 percent for Emotional Support and 60 percent for Classroom Organization. For the ITERS-3, 99 percent of child development facility programs met or exceeded the floor and 4 percent of programs met or exceeded the target. For the FCCERS-3, 93 percent of programs met or exceeded the floor and 14 percent met or exceeded the target. To advance this goal, OSSE is prioritizing training focused on the DC Early Learning Standards (DC ELS), as well as training focused on infant/toddler teachers and family child care homes. OSSE has separate goals related to the Environment Rating Scales (ERS) and CLASS*

*for Pre-K: 1) 100 percent of observed programs will meet or exceed the floor; 2) the percentage of programs meeting or exceeding the target will increase by six percentage points on the ITERS-3 and FCCERS-3 across all subscales; and 3) the percentage of programs meeting or exceeding the target will increase by five percentage points on the CLASS for Pre-K Instructional Support domain.*

*Finally, OSSE is prioritizing strategies to build child development facility leaders' and home providers' understanding of and capacity to implement sustainable business practices. In support of this goal, the DC Early Childhood Education Business Collaboratory, a group of organizations supporting provider business practices in the District that OSSE co-convenes with the goal of increasing alignment across supports for child care businesses, recently developed a set of business competencies for child care program leaders (including home providers), which the collaborative members will use to align offerings to competencies and set goals for and measure progress in the improvement of child care provider business sustainability and practices. Capital Quality coaches continue to support child care leaders with technical assistance, communities of practice (CoP), professional development, and training.*

*These findings are crucial in shaping the training and professional development initiatives targeted by OSSE.*

## 7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

### 7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. *The District will prepare a summary overview of the final approved annual Quality Progress Report (QPR) and post the QPR on the OSSE website. The summary overview of the QPR will provide a high-level overview of the grants, programs, and projects reported in the annual report.*
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.

- i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments.

- *Building and Sustaining Quality in Early Care and Education – CCDF funds combine with local funds to cover the costs of this grant, which supports training offered through the OSSE Learning Management System (LMS) and implementation of the implementation of the Trainer Approval Program (TAP), which certifies professional development trainers and training organizations that deliver quality training aligned to the District’s core knowledge areas for early childhood professionals.*
- *Quorum eLearning – CCDF funds support Quorum eLearning, which provides free asynchronous professional development and learning opportunities to DC’s early childhood workforce. Through Quorum, early childhood educators can complete all of the health and safety training mandated for CCDF-eligible providers (excluding in-person CPR training), as well as the 120 training hours needed to obtain or renew a Child Development Associate (CDA) credential and a variety of other professional development courses.*
  - *Scholarship programs – CCDF funds combine with local funds to cover the costs of grants that fund the CDA Training and Preparation program as well as the DC Leading Educators toward Advanced Degrees (DC LEAD) program, which provides scholarships to obtain an associate and/or bachelor’s degree in early childhood education or a related field to meet the education requirement based on the scholar’s staff type.*

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments. [Click or tap here to enter text.](#)

- iii. Developing, implementing, or enhancing a quality improvement system.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. *The District’s QRIS, Capital Quality, is administered statewide. OSSE uses CCDF quality set-aside funds, as well as local funds, to cover the costs of the Building and Sustaining Quality in Early Care and Education grant, which provides quality facilitators (coaches), who work with Capital Quality participating facilities to develop continuous quality improvement plans and provide technical assistance to improve program quality. OSSE developed its QRIS, Capital Quality, to be reflective of and responsive to the different types of provider settings participating in the QRIS. The 10 quality indicators included in Capital Quality reflect dimensions of quality early education practices that are applicable across the range of settings in which young children birth to 5 are served and are flexible enough to define quality in home, expanded home, and center*

*environments, as well as for centers serving infants, toddlers, and preschool-aged children.*

- iv. Improving the supply and quality of child care services for infants and toddlers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. *OSSE's strategic plan prioritizes the development and implementation of long-term strategies and investments to increase the supply, quality, and affordability of infant and toddler seats. OSSE directs CCDF and local funding across a range of strategies to improve the supply and quality of child care services for infants and toddlers. In FY24, OSSE raised infant subsidy rates by 15 to 29 percent for homes and centers, depending on a provider's Capital Quality designation, to address the gap between cost and rates for infant care in centers demonstrated in our cost modeling analysis. Rates for child development homes are set to prioritize infant-toddler care. OSSE's long-term plan is to continue to adjust rates to meet the cost of care when funds are available in the District, with a focus on increasing rates for infants in centers.*

*Additionally, investments in Capital Quality support quality improvement for infant-toddler care providers, through quality facilitators and other supports. Findings from observations using the ITERS-3 (for child development centers) and FCCERS-3 (for child development homes and expanded homes) help OSSE target CCDF resources supporting training and professional development, towards trainings focused on building infant-toddler teachers' capacity in domains of ITERS (personal care routines and activities) where the greatest growth opportunities were identified based on data, as well as trainings for family child care homes.*

- v. Establishing or expanding a statewide system of CCR&R services.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. *OSSE provides a grant to a local community-based organization (CBO) to operate the state-wide child CCR&R program, DC CCC, which provides families, early childhood educators and child care businesses with responsive services and evidence-based supports that promote improved access to high-quality early care and education in the District. The CCR&R includes a hotline, two walk-in service centers with lending libraries, and a website to improve access to and awareness of community resources that improve family engagement and the home-school connection. The CCR&R also hosts weekly opportunities for families to engage in learning opportunities aimed at supporting their children, as well as additional topics based on the needs of the community served. DC CCC assesses community needs based on calls, emails, and walk-in data related to the topics that individuals are seeking support (e.g., programs for children with special needs, resources for child care subsidies, etc.) and follow-up survey data.*

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring,



inspection and health and safety standards.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. *OSSE uses CCDF quality funds to train child care providers on the District's health and safety requirements outlined in the child development facility licensing regulations. Additionally, CCDF quality funds are used to support training and professional development offered through the OSSE LMS and Quorum platforms. These platforms facilitate training on a host of early childhood education topics including pre-service orientation and the annual health and safety training. CCDF funds also support staff carrying out announced and unannounced monitoring inspections, initial and renewal licensing inspections, and enforcement actions.*

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. *CCDF and local funds support OSSE's administration of evidence-based observational tools, the ITERS-3, FCCERS-3 and CLASS® for Pre-K, that are used to assess the quality of early care and education programs participating in Capital Quality, as well as publicly funded pre-K programs across the mixed delivery system. These funds support contracts with independent vendors to provide valid and reliable observers certified by the publishers of observational tools used in Capital Quality, to conduct independent observations annually in all Capital Quality and publicly funded pre-K programs and provide data to OSSE.*

viii. Accreditation support.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments. *Click or tap here to enter text.*

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments. *Click or tap here to enter text.*

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments. *Click or tap here to enter text.*



## 8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

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

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

#### 8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: *The State Early Childhood Development Coordinating Council (SECDCC) serves as the District's State Advisory Council on Early Childhood Education and Care. The Office of the State Superintendent of Education's (OSSE's) Deputy Superintendent of Early Learning chairs the SECDCC, and in the dual role as SECDCC Chair and Child Care and Development Fund (CCDF) Administrator, plays a vital role in ensuring the coordination of child care and early learning programs across the District. As a result of this coordination, OSSE receives input on policies and practices across the District's comprehensive early childhood system, and early childhood stakeholders are informed and have the opportunity to engage on comprehensive issues related to child development across sectors and District agencies. During the fiscal year 2025-27 (FY2025-27) CCDF Plan period, the SECDCC will continue to play a crucial role in the District's efforts to ensure a comprehensive early childhood education and development system for infants, toddlers, and young children and improve collaboration and coordination among agencies and community partners in the District.*
- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: *Click or tap here to enter text.*

☒ Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: *OSSE is both the CCDF lead agency and the State Education Agency (SEA) for the District. In the latter function, OSSE is responsible for carrying out state-level functions and monitoring local education agency (LEA) compliance with local functions of Individuals with Disabilities Education Act (IDEA) Part B (including Part B 619). OSSE is also responsible for administering the District's IDEA Part C early intervention program, and the Part C state coordinator, local Part C director, and Part B 619 coordinator are all located with OSSE's Division of Early Learning and report to the CCDF administrator. As such, OSSE is optimally positioned to facilitate coordination across CCDF, Part C, and Part B 619 activities, as well as between these activities and Part B special education services for K-12 students. The State Part C director, Local Part C director, and Part B 619 coordinator meet regularly with one another and with the CCDF administrator to promote coordination.*

*Strong Start, the District's early intervention program, uses the Natural Learning Environment Practices (NLEP) framework to deliver early intervention services in natural settings, including child development facilities. Strong Start staff work closely with child development facilities to increase the participation of teachers and caregivers in the implementation of Individual Family Service Plan (IFSP) goals and strategies. In addition, State Part C staff are approved trainers in the District's professional development system for early educators and regularly deliver training to child development facility leaders, facility teams, and early educators on topics related to identifying children with disabilities and developmental delays and understanding developmentally appropriate strategies for supporting children with disabilities and developmental delays and their families. OSSE's DC Early Intervention Program (DC EIP) Child Find team developed eight professional development training offerings and a document to guide interested child care providers and families to topics that best meet their individual needs. Strong Start holds 12 annual trainings for the OSSE Learning Management System (LMS) on developmental milestones for infants and toddlers, developmentally appropriate practice for infants and toddlers, and Ages and Stages Questionnaire (ASQ) developmental screening.*

*OSSE and DC Health have a Memorandum of Understanding (MOU) to support the early identification and Part C eligibility determination of infants and toddlers and implement a District-wide system of coordinated developmental screening for children from 2 to 60 months of age. The implementation of the online ASQ aims to build the capacity of staff and expand developmental screenings by bringing all child development centers that participate in the District's Child Care Subsidy Program into the ASQ online initiative.*

*The CCDF administrator and subsidy program leadership are coordinating with Part C and Part B staff in the design and implementation of the Access to Quality Child Care for Children with Disabilities grant program, which will launch in FY25 to expand access to quality child care and out-of-school time (OST) programming for infants, toddlers, and school-age children with disabilities through a grant program.*

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: *The District Head Start State Collaboration Office (HSSCO) is located within OSSE's Division of Early*

*Learning, optimizing coordination across Head Start program collaboration and other early childhood programs. The HSSCO liaises between federal partners, the DC Head Start Association, local Head Start and Early Head Start programs, and other District agencies and workgroups that serve young children. The HSSCO helps support ongoing collaboration and alignment of services and supports for family and community engagement, continuity of care for children, comprehensive services and supports, and ongoing professional development for early learning professionals.*

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: *OSSE coordinates with the District of Columbia Department of Health (DC Health) on public health and immunizations. OSSE and DC Health collaborate on policies and strategies to ensure child development facilities comply with the District's child care licensing regulations provisions related to immunization compliance. District regulations require that all children be fully immunized before entering a child development facility unless the child has an approved exemption. In support of child care immunization compliance efforts, DC Health issues Certificates of Immunization Compliance to child development facilities certifying that a facility has reached immunization compliance targets set by DC Health. In addition, OSSE coordinates with DC Health to share information with child development facilities on public health threats (including outbreaks of contagious disease) and provide guidance and technical assistance on strategies for preventing the spread of contagious diseases. Child development facilities are required to report instances of contagious disease, as defined in 22 DCMR Chapter 22-B2, to both OSSE and DC Health, and staff from both agencies collaborate to conduct an investigation and follow-up activities to ensure that facilities take necessary steps to protect the health of children, staff, and families. This coordination supports OSSE to ensure child development facilities' compliance with licensing regulations and to promote overall child health.*

*Additionally, OSSE collaborates with DC Health to build child development facilities' capacity to utilize the ASQ online screening. Part C and Quality Improvement Network (QIN) staff are training a cohort of staff across the District's child development facilities participating in the District's Early Head Start-Child Care Partnership (EHS-CCP) to use the ASQ online. These efforts ensure that families are connected to supportive services and that children with disabilities receive appropriate intervention services.*

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: *OSSE and the Department of Employment Services (DOES) have a shared goal to ensure that families with low incomes who are seeking job assistance and employment opportunities, have access to the District's Child Care Subsidy Program. This partnership, along with collaboration with the Department of Human Services (DHS) Temporary Assistance for Needy families (TANF) program, supports families working towards financial stability and improves child health and well-being, in quality, nurturing child care and early care and education programs. OSSE also supports sharing information from DOES with Child Development Associate (CDA) training and preparation programs on becoming registered apprenticeship programs. OSSE shares DOES and Early Childhood Workforce Connector resources, supports, and available opportunities regularly. The Early Childhood Workforce Connector is a federally funded organization tasked with promoting*

*registered apprenticeship programs to support and sustain the early childhood workforce.*

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: *OSSE is the SEA responsible for public education, including the District's universal pre-K program. The District delivers publicly funded pre-K through a mixed-delivery system, offering pre-K services in District of Columbia Public Schools (DCPS), public charter schools, and community-based organizations (CBOs) that have been designated as high-quality through the Pre-K Enhancement and Expansion Program (PKEEP). As the SEA, OSSE administers the implementation of the Classroom Assessment Scoring System (CLASS) as the common measure of pre-K quality across all three sectors, which is integrated into both the District's Quality Rating and Improvement System (QRIS) for child development facilities, Capital Quality, and the District's state school report card for all public schools administered by OSSE under the Every Student Succeeds Act (ESSA). This enables parents to obtain comparable information on pre-K classroom quality for programs across all three sectors to inform parent choice within the mixed delivery system and ensures that both public schools and child development facilities are held accountable for the quality of publicly funded pre-K programs they operate, and allows OSSE to work with LEAs and child development facilities to analyze common data across the system to inform shared quality improvement efforts and professional development activities.*
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: *OSSE is the District's agency responsible for child care licensing. Child care licensing and child care subsidy are both housed within the Division of Early Learning, offering optimal opportunities to coordinate across licensing and subsidy. With the exception of in-home child care, all subsidy providers are licensed child development facilities, which also offers seamlessness of policies and processes for child care providers.*
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: *OSSE is the District's agency responsible for the administration of the Child and Adult Care Food Program (CACFP), which is administered by OSSE's Division of Health and Wellness (H&W). All CCDF child care providers are required to participate in CACFP. H&W and the Division of Early Learning partner on CACFP compliance, outreach, and education. Facilities that apply to CACFP receive training and technical assistance from OSSE throughout the application process. Individual and group CACFP training for child development facilities is held at individual facilities and OSSE headquarters.*

*The Assistant Superintendent of H&W, the Deputy Superintendent of Early Learning, and their teams meet regularly to support a Culture of Wellness (CoW) in early childhood education. This includes increasing participation in and improving the experience of child care programs in accessing the CACFP and coordinating other programs and initiatives that support wellness and nutrition across the birth-12 system. An example includes planning a statewide Farm to CACFP coalition focused on expanding young children's access to healthy food, promoting lifelong healthy eating habits, and creating a cohort of young children primed for successful Farm to Child Nutrition programs. H&W and the Division of Early Learning also partner in supporting H&W's implementation of the Healthy Tots Act of 2014, which provides funding and resources to support child care facilities' ability to serve nutritious meals and to offer high-quality wellness programming. Child care*



*facilities that participate in CACFP are automatically eligible to receive Healthy Tots reimbursements and technical assistance.*

*In 2024, the divisions partnered to update the OSSE Wellness Guidelines for Child Care Facilities and promote the incorporation of its guidance and best practices.*

- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: *OSSE's McKinney-Vento Liaison partners with the CCDF administrator and co-administrator to provide training to OSSE's McKinney-Vento team and the homeless liaisons and registrars in LEAs. The training helps build awareness of and eliminate barriers to children and families experiencing homelessness experience while accessing subsidized child care.*

*The Virginia Williams Family Resource Center serves as an intake hub for screening and placement for families seeking emergency shelter and other essential resources. OSSE has established a partnership with the Virginia Williams Family Resource Center to provide OSSE staff onsite to assist parents who have children in need of child care or other educational supports, such as enrollment or transportation. OSSE developed a Homeless Education Program Fact Sheet for Parents which is a guide on the educational rights of children, youth, and families experiencing homelessness. Additionally, the CCDF co-administrator and a representative from one of the District's child care providers that work primarily with families experiencing homelessness delivered a joint training for LEA McKinney Vento liaisons on supporting these children and families.*

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: *DHS is the agency responsible for the TANF program. Under an MOU with OSSE, DHS staff conduct intake and eligibility determinations for the Child Care Subsidy Program. DHS child care eligibility workers work in partnership with TANF staff to obtain referrals for TANF customers. OSSE coordinates with the DHS Child Care Services Division (CCSD) to conduct presentations for TANF contractors with the goal of increasing the vendor's knowledge and understanding of the Child Care Subsidy Program to serve as an additional resource for families. DHS and OSSE work closely to align the District's child care and TANF eligibility policies and both agencies have a shared goal of developing policies and financing strategies that ensure the most vulnerable children have access to continuous, comprehensive high-quality child care*

*Additionally, representatives from DHS's Economic Security Administration participate in OSSE's bi-monthly QIN Interagency Steering Committee meetings. These meetings allow participants to review data on QIN participation, discuss topics such as wait lists in specific areas, and outline strategies for connecting families receiving TANF to the QIN. Additionally, these meetings support the QIN in sharing updates related to the TANF program and the two-generational approach for providing support, so that more families who may qualify can be connected to TANF resources.*

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: *The District Department of Health Care Finance (DHCF) is the agency responsible for Medicaid and the State Children's Health Insurance program. OSSE works closely with the DHCF on outreach, communication, and sharing information about these programs. As the District*

*prepared for and implemented the resumption of Medicaid eligibility redeterminations following the conclusion of the federal coronavirus (COVID-19) public health emergency, OSSE and DHCF collaborated to share information on the Medicaid redetermination process with child development facilities, to build their capacity to support families and staff in navigating the redetermination process. Additionally, a DHCF representative for the Division of Children’s Health Services participates in OSSE’s bi-monthly QIN interagency steering committee meetings. Coordination during these meetings has contributed to an increased number of children participating in the QIN receiving Medicaid in the District.*

*OSSE and the DC Health Benefits Exchange Authority (DCHBX), the District’s health care exchange under the Affordable Care Act (ACA), partner to provide no- or low-premium coverage to child care employers and District residents employed in child care. In 2023 and 2024, OSSE and DCHBX worked with DHCF to refer eligible child care staff for Medicaid and to postpone the timing of resumption of Medicaid redeterminations for child care employees enrolled in Medicaid until the end of the redetermination implementation, to minimize disruption in health care coverage for these workers as OSSE implemented new programming to increase the wages and salaries of early childhood educators. Early educators who lose Medicaid coverage as a result of the resumption of redeterminations will automatically be referred to DCHBX to enroll in zero-premium coverage supported through the partnership between OSSE and DCHBX.*

*DHCF works closely with OSSE through the SECDCC, the Interagency Coordinating Council (ICC), the QIN Interagency Steering Committee, and the Early Intervention Collaborative. OSSE coordinates with DHCF to ensure that timely health issues are brought to the SECDCC. This partnership helps to build stronger connections between early education and health, specifically sharing information on immunizations and facilities’ collaboration with managed care organizations (MCOs) to increase the number of young children on track for scheduled early childhood immunizations.*

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: *OSSE partners with DBH on their Healthy Futures program to ensure that children and families in early care and education programs supported with CCDF funds have access to mental health support and services. DBH’s Healthy Futures program provides an evidence-based approach to mental health consultation. The implementation of mental health consultation offers child- and family-centered consultation services to early childhood educators and families to build their skills and capacity to promote social-emotional development and prevent escalation of services. Mental health consultants provide training, link families to resources, and provide coping strategies to families and staff who have experienced trauma. Through OSSE’s partnership with DBH, Healthy Futures provides mental health consultation services to child development facilities participating in the QIN and PKEEP. During the FY25-27 CCDF Plan period, OSSE will continue to partner with DBH to implement a planned expansion of Healthy Futures to additional child development facilities and expand mental health support for the early childhood education workforce.*
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: *DC Child Care Connections (DC CCC) is the District’s Child Care Resource and Referral (CCR&R) agency. DC CCC supports*



*OSSE with consumer education, including helping families find child care that meets their needs through the My Child Care DC website, providing linkages to other state agencies and resources for families and providers, conducting outreach in the community, and managing the state professional development including the Trainer Approval Program (TAP). DC CCC works collaboratively with other OSSE-funded grantees to support families with early childhood resources, including identifying and finding child care, maintaining an effective system of support for child development facilities, and supporting various training and professional development initiatives.*

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: *OSSE partners with the Out-of-school (OST) Grants and Youth Outcomes office, located within the office of the Deputy Mayor for Education (DME), and OSSE's Division of K-12 Systems and Supports (K-12) to coordinate and leverage resources and supports with the goal to make OST opportunities available. The Division of Early Learning works with the OST Grants and Youth Outcomes Office and K-12 Division to share information with CBOs and LEAs on child care licensure, subsidies, and other programs and support efforts to improve access to and coordination of OST care. OSSE coordinated with the OST Grants and Youth Outcomes Office and K-12 on the development of OSSE's first grant program for direct child care slots for infants, toddlers, and school-age children with disabilities and will continue to do so when the program launches in FY25.*
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: *The agency responsible for emergency management and response in the District of Columbia is the Homeland Security and Emergency Management Agency (HSEMA). OSSE worked closely with HSEMA in the development of the District's Child Care Emergency Preparedness and Response Plan, which ensures that the Plan is included in the District of Columbia Emergency Operations Plan (EOP). HSEMA supported the update to the Child Care Emergency Preparedness and Response Plan and provided coordination support in the event of an emergency. As an example, HSEMA, the Executive Office of the Mayor, and other DC agencies responsible for emergency response, recently worked with OSSE and DC CCC to support child care in response to a severe emergency that impacted a child care facility in DC. DC CCC coordinated with DBH to provide mental health support, worked with DCPS and Metro Transit Policy Department Community Engagement teams to get metro (subway) cards to impacted families, and supported coordinated material donations. HSEMA remained in contact with OSSE and relevant DC agencies to communicate updates on impact and support across agencies and to the Executive Office of the Mayor. As a result of this coordinated response, the child care facility was able to temporarily relocate with adequate materials and supplies, and families were able to maintain the continuity of child care services. Our shared goal is to ensure the health and safety of all children and staff in the event of an emergency or disaster and to support reunification and recovery as quickly as possible.*
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
  - i. ☒ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: *OSSE is an EHS-CCP grant recipient and uses EHS-CCP and local funds to implement the QIN to build capacity, increase access, and enhance the quality of care for infants and toddlers. The QIN brings Early Head*

*Start (EHS) services to children and families living below the federal poverty level and enrolled in participating child development facilities throughout the District. Participating child development facilities receive professional development and other support to meet the Head Start Program Performance Standards (HSPPS). As the lead agency for CCDF and the EHS-CCP grantee, OSSE aligns policies and resources to meet the needs of QIN-enrolled families and supports the delivery of early childhood programming that meets HSPPS in community-based child care settings. For example, as a result of coordination between OSSE's CCDF and EHS-CCP roles, the District adopted a policy to waive subsidy co-payments and to lengthen the eligibility period (up to three years) for children enrolled in the QIN. Through a partnership with the QIN hub grantee, OSSE has a deeper insight into child development facilities' experiences and operating realities, which helps inform the design of and revisions to CCDF-related policies and programs to support children, families, and child care providers across the District's early learning system beyond the QIN. Through this partnership, OSSE and the QIN hub grantee have developed a deeper understanding of challenges some child care providers are facing related to business practices, staff recruitment, and ongoing enrollment challenges during the pandemic recovery, which inform OSSE and the Early Childhood Educator Business Collaboratory's investments in and coordination related to supports for child care business practices, including the development of business competencies for child care program leaders. For example, after learning more through the QIN about barriers that some families face in applying for and establishing eligibility for child care subsidies, OSSE made adjustments to subsidy policies and processes, including clarifying and streamlining documentation required to determine some components of subsidy eligibility, in order to reduce or eliminate these barriers. In addition, OSSE convenes the QIN Interagency Steering Committee, composed of representatives of District Government agencies providing services and support for QIN children and families, as a venue for strengthening coordination and collaboration across these agencies and programs they operate and to streamline the process for and reduce barriers to families accessing needed services. These meetings have led to updates that improved the accessibility and awareness of programs and support for children and families and reduced barriers beyond those under the purview of OSSE.*

- ii. ☒ **State/Territory institutions for higher education, including community colleges.**  
*Describe: OSSE regularly meets with CDA program administrators and representatives of institutions of higher education (IHEs) serving the District's early learning workforce to discuss program needs, program improvements, and professional development opportunities for early educators. The CDA administrators' committee meetings are attended by leaders of local CDA training and preparation programs (both those funded by OSSE and those supported by other sources, including public charter schools that offer CDA coursework to students), as well as staff from the National Council for Professional Recognition that issues the CDA credential. During these meetings, participants provide updates related to their respective programs and share needs, upcoming events, and professional development opportunities. Through these coordination*

meetings, OSSE worked with the Council for Professional Recognition to translate the CDA exam into Amharic, thereby reducing barriers to accessing the exam. It is now possible for those who speak Amharic to complete the exam as a part of a group, rather than one-on-one. Additionally, the group of administrators worked to jointly develop a practice exam which is also available in Spanish and Amharic. OSSE also collaborates with Delaware on their CDA and IHE initiatives and Delaware State University supported the translation of the practice exam into Spanish. This cross-state coordination resulted in expanding program opportunities both inside and outside of DC. The District also convenes monthly IHE meetings that are attended by colleges and universities that partner with DC LEAD, the District's scholarship program for early educators. During these meetings, OSSE and IHEs share programmatic updates, including available support to scholars, professional development needs, and other strategies to help scholars succeed.

The Division of Early Learning works closely with OSSE's Division of Postsecondary and Career Education (PCE) to coordinate engagement and partnerships with IHEs in the District, as well as outreach to early childhood educators about postsecondary education offerings and funding opportunities, such as the Adult College and Credential Fair. The Division of Early Learning and PCE also work together to share information with the early childhood workforce about scholarship opportunities that are available to District residents generally (such as the DC Tuition Assistance Grant [DCTAG]) and align policies and referral processes to support eligible early childhood educators in accessing these funding streams, in order to leverage broader postsecondary investments in support of credential attainment goals for the child care workforce and maximize the reach of OSSE's targeted investments in early educators.

- iii. ☐ Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: *Click or tap here to enter text.*
- iv. ☒ State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: *OSSE works closely with DC Health, the agency that administers the District's evidence-based Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) program. Details of OSSE's collaboration with DC Health are described above.*
- v. ☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: *DHCF is the District agency responsible for the implementation of the Early and Period Screening, Diagnostic and Treatment (EPSDT) benefit. OSSE works closely with DHCF on outreach, engagement, and professional development regarding EPSDT. OSSE and DHCF have a shared commitment to provide early, comprehensive, regular, and as-needed medical, behavioral, and dental screenings for all eligible children. Through ongoing meetings and collaborations, OSSE and DHCF align policies so that all CCDF-eligible children receive developmental screenings (within an appropriate timeframe), and child development centers use these screenings to assess a child's health status, identify risks or concerns, and intervene when necessary.*

- vi. ☒ State/Territory agency responsible for child welfare. Describe: *The District of Columbia Child and Family Services Agency (CFSA) is the agency responsible for child welfare. A CFSA representative for the Office of Well Being participates in OSSE's bi-monthly QIN interagency steering committee meetings. These meetings identify areas of collaboration which include aligning early learning supports and policies to support the goals of CFSA's Family First Prevention Plan, enhancing access to comprehensive services, and improving outcomes for children in CFSA's care. OSSE shares information on QIN EHS-CCP vacancies with CFSA weekly to support connecting vulnerable children served by CFSA with enhanced services available through the QIN to support their development.*
- vii. ☒ Child care provider groups or associations. Describe: *OSSE regularly collaborates with District organizations representing child care providers, including the DC Head Start Association, DC Association for the Education of Young Children (DCAEYC), DC Family Child Care Association (DCFCCA), Directors Exchange, Multicultural Spanish Speaking Providers Association (MSSPA), and the Washington Association of Child Care Centers. OSSE meets regularly with these groups and convenes representatives of these associations on an as-needed basis throughout the year to solicit input and feedback on policy and practice questions. Coordination with these groups supported and continues to support OSSE in refining communication, policies, updates to professional development core knowledge areas, licensing regulations, and planning for and implementation of the Early Childhood Educator Pay Equity Fund.*
- viii. ☒ Parent groups or organizations. Describe: *In accordance with the HSPPS, OSSE, as the grant administrator for the state's EHS-CCP grant, ensures that all parents enrolled in the QIN, the District's state EHS-CCP program, automatically become members of their center's parent committee, the forum in which parent information is exchanged and learning opportunities are supported. Parents interested in becoming more involved are encouraged to participate on the QIN Policy Council, with whom the State Superintendent works in a shared decision-making model. Through the policy council, parents develop their leadership skills. The policy council consists of parent representatives from each of the participating QIN centers and five members of the community. The chair, vice-chair, and secretary positions that make up the executive members of the policy council are elected annually. The policy council meets monthly during which they inform decision-making on program operations, policies, recruitment, selection and enrollment priorities, applications for funding, budget planning, by-laws, and employment of program staff.*
- OSSE also supports and attends the parent-led ICC. The ICC's purpose is to advise and assist the Mayor and OSSE in its role as the lead agency in the development and implementation of a District-wide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with developmental delays and disabilities. Parents of children served in the District's mixed delivery system for early childhood care and education are also represented on the SECDCC.*
- Finally, OSSE collaborates with parent groups around specific initiatives. For example, OSSE engaged with Parents Amplifying Voices in Education (PAVE) and the Alliance for Justice and Education to inform the development of the new grant program for child*



*care services for children with disabilities.*

- ix. ☒ Title IV B 21<sup>st</sup> Century Community Learning Center Coordinators. Describe: *The 21st Century Community Learning Center program is administered by OSSE's Office of Special Populations and Programs within the Division of Systems and Supports, K-12. The focus of this coordination is to increase access to OST activities which will enhance families' and students' academic activities and improve participants' social and educational outcomes. 21st CCLC staff provided input into the development of the Access to Quality Child Care for Children with Disabilities grant program, through which the lead agency will award grants to support creation and maintenance of dedicated out of school time slots for children with disabilities starting in FY25.*
- x. ☐ Other. Describe: *Click or tap here to enter text.*

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

### 8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21<sup>st</sup> Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

☐ Title XX (Social Services Block Grant, SSBG)

☐ Title IV B 21<sup>st</sup> Century Community Learning Center Funds (Every Student Succeeds Act)

☒ State- or Territory-only child care funds

☐ TANF direct funds for child care not transferred into CCDF

☐ Title IV-B funds (Social Security Act)

☐ Title IV-E funds (Social Security Act)

☒ Other. Describe: *Philanthropic funds and local pre-k funds.*

- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? *Pre-K enhancement funds are supplemented with local subsidy funds to cover a full working day of child care services for child care subsidy-eligible children. Additionally, using local subsidy funds to pay for child care services at QIN sites allows for comprehensive services to be provided to children in subsidized child care programs.*

#### 8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

*Note:* Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

☒ Yes. If yes, describe which funds are used: *Locally appropriated child care subsidy budget meets and exceeds CCDF matching and MOE requirements.*

☐ No.

b. Does the Lead Agency use donated funds to meet match requirements?

☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. ☐ Donated directly to the state.

ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: *Click or tap here to enter text.*

☒ No.



- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:
- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
  - The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
  - The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
  - If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☐ Yes.

☒ No. If no, describe: *The District does not use pre-Kindergarten funding to meet the MOE requirement.*

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

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

### 8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

- ☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.
- ☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

*DC CCC collaborates with OSSE in sharing information on the My Child Care DC website that supports families in finding child care. To ensure broad accessibility to families and the public through a range of modalities, DC CCC also operates two walk-in service centers in accessible locations in the District and a hotline that parents can call for support in accessing child care. DC CCC tracks contacts made with families, child care providers, early educators, and other stakeholders by phone, by email, on their website, and in person.*

*Measurable indicators include the number of contacts made with families (e.g., for child care referrals), including specific contacts with families of children with disabilities, those in need of non-traditional hours care, and those with other special needs; contacts with child care providers (e.g., for technical assistance); visits to the website and lending libraries; books and other resources downloaded and borrowed from the website and lending libraries; and enrollment and attendance of early educators in professional development trainings. DC CCC reports, reviews, and analyzes this information on a monthly basis in collaboration with OSSE and uses the results of the analysis to better coordinate services for families and child care providers.*

*Additionally, DC CCC partners with the DHS, DOES, District Ward Advisory Neighborhood Commissions (ANCs), and OSSE's Homeless Education State Coordinator to provide information to families, providers, and the general public through community events and parent workshops. DC CCC also connects local and national organizations, DC public agencies, and other grantees to support the community with the services they need, including one-on-one technical assistance to both providers and families. DC CCC has 34 formal partnerships with signed agreements and 61 informal partnerships both locally and nationally. The formal and informal partnerships that DC CCC has established support them in providing access to resources and support to community members, including opportunities for families to access fresh produce, new car seats, dental cleanings, vaccination clinics, and more. DC CCC has strong working relationships with other District agencies, regularly participates in meetings*

*convened by the District Government and community partners, and also provides feedback on OSSE and other District agency policies and practices based on their knowledge and experience with DC children, families, and community needs. As the CCR&R, DC CCC participates in the SECDCC and the Child Care Recovery Working Group.*

#### 8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

##### 8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: *OSSE partners with other DC Government agencies (as described in 8.1.4) and with private organizations to increase the supply and quality of the District's early care and education sector. Most recently, in 2023, OSSE received funding from the Early Educator Investment Collaborative to support innovations to increase the professional credentials, wages, and benefits of the DC early childhood education workforce. Under this grant, philanthropic funds will support the implementation, evaluation, and documentation of professional development and compensation initiatives in the District.*

#### 8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

##### 8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? *The Child Care Emergency Preparedness and Response Plan was updated in April 2024. The Child Care Emergency Preparedness and Response Plan is an operational plan for emergency incidents affecting child care facilities across the District. The plan supports the emergency preparedness and response plan of child development facilities. The Child Care Emergency Preparedness and Response Plan outlines key functions and collaboration with other DC agencies during normal operation. Additionally, the plan outlines the assigned functional roles and responsibilities of agencies and staff to ensure the effective, orderly continuity of child care services for children and families in the event of an emergency. It also ensures the development, refinement, and implementation of District and regional planning, exercises, and training activities to maintain necessary operational capabilities. Additionally, the plan integrates planning and operational contingencies for addressing the needs of individuals, including staff, volunteers, and children with access and functional needs.*

- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
- i. The plan was developed in collaboration with the following required entities:
    - ☒ State human services agency
    - ☒ State emergency management agency
    - ☒ State licensing agency
    - ☒ State health department or public health department
    - ☒ Local and State child care resource and referral agencies
    - ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body
  - ii. ☒ The plan includes guidelines for the continuation of child care subsidies.
  - iii. ☒ The plan includes guidelines for the continuation of child care services.
  - iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
  - v. ☒ The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
    - ☒ Procedures for evacuation
    - ☒ Procedures for relocation
    - ☒ Procedures for shelter-in-place
    - ☒ Procedures for communication and reunification with families
    - ☒ Procedures for continuity of operations
    - ☒ Procedures for accommodations of infants and toddlers
    - ☒ Procedures for accommodations of children with disabilities
    - ☒ Procedures for accommodations of children with chronic medical conditions
  - vi. ☒ The plan contains procedures for staff and volunteer emergency preparedness training.
  - vii. ☒ The plan contains procedures for staff and volunteer practice drills.
  - viii. If any of the above are not checked, describe: [Click or tap here to enter text.](#)
  - ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: [Click or tap here to enter text.](#)

## 9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about

their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

## 9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

### 9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: *The Office of the State Superintendent of Education (OSSE) maintains a complaint hotline - (202) 727-2993 - for parents to report issues with child care providers. Complaints can also be emailed to [OSSE.ChildcareComplaints@dc.gov](mailto:OSSE.ChildcareComplaints@dc.gov) or faxed to OSSE at (202) 727-7295. Information about how to submit a complaint is available on the OSSE website at: <https://osse.dc.gov/service/early-learning-complaints-and-unusual-incident-reporting>.*
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: *My Child Care DC complies with the District Language Access Act of 2004 and related policy regulations and guidance, which requires coordination and support for interpretation, and translation in an individual's preferred language. OSSE's language access program includes translation services for the complaints process via website form and/or telephone with language line services.*
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: *Families may contact OSSE in multiple modalities to report complaints, including in-person, via phone, and email. An assigned licensing specialist is on duty during typical business hours (e.g., 9 a.m.- 5 p.m.) to provide in-person, email, and telephonic support. The OSSE's headquarters is accessible and complies with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. Additionally, the consumer education website, where the contact information is posted, is accessible and is Section 508 of the Rehabilitation Act compliant.*
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?  
☒ Yes. If yes, describe: *Upon receiving a complaint regarding a licensed provider, including Child Care and Development Fund (CCDF) and non-CCDF providers, OSSE reviews the complaint to determine the level of severity. A Level I complaint is defined as a health or safety violation that requires the assistance of law enforcement, Child Protective Services (CPS), or an immediate OSSE response. A Level II complaint is defined as a health or safety violation that may pose a serious health risk to children. A Level III complaint is defined as a violation that does not pose a serious or immediate health risk to children. OSSE responds to Level I complaints within 24 hours, Level II complaints within two business days, and Level III*



*complaints within three business days of the receipt of the complaint. Depending on the severity of the complaint, OSSE will initiate an investigation to monitor the facility and determine if the complaint is substantiated.*

*A substantiated complaint is defined as a situation or incident that has been identified and verified as unsatisfactory or unacceptable based on the current child development facility regulations and/or provider agreements. If OSSE substantiates a complaint, OSSE will issue a statement of deficiencies or an enforcement action with a corrective action plan. The corrective action plan includes a monitoring component to ensure providers are taking action to comply with licensing regulations. OSSE uses the same process regarding screening, substantiating, and responding to complaints from CCDF and non-CCDF providers.*

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

☐ No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? *OSSE maintains a record of all complaints, including parental complaints (both substantiated and unsubstantiated) about licensed child development facilities, including facilities receiving CCDF funding and non-CCDF funded facilities. Complaints are stored in the licensing database system. Substantiated complaint records are maintained for three years.*

*OSSE implements a similar process for in-home license-exempt CCDF providers: All incoming complaints, including parental complaints (both substantiated and unsubstantiated), are recorded, assigned to the provider's electronic file, and reviewed for specific action or follow-up. Any substantiated complaints for in-home license-exempt CCDF providers are stored by OSSE under the provider's profile and retained for at least three years.*

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: *Substantiated complaints are made available to the public on the My Child Care DC website and are available via the Freedom of Information Act request procedures. OSSE does not share publicly information about substantiated parental complaints for in-home license-exempt providers.*

## 9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;



- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

#### 9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency's consumer education website homepage:  
<https://mychildcare.dc.gov/>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?  
☒ Yes.  
☐ No. If no, describe: [Click or tap here to enter text.](#)
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?  
☒ Yes.  
☐ No. If no, describe: [Click or tap here to enter text.](#)

#### 9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: <https://osse.dc.gov/service/licensing-process-child-care-providers>
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: <https://osse.dc.gov/node/1192316>
- Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: <https://osse.dc.gov/node/1192307>
- Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: <https://osse.dc.gov/node/1192307>

#### 9.2.3 Searchable list of providers

- The consumer education website must include a list of all licensed providers searchable by ZIP code.
  - Does the Lead Agency certify that the consumer education website includes a list

of all licensed providers searchable by ZIP code?

☒ Yes.

☐ No. If no, describe: [Click or tap here to enter text.](#)

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://mychildcare.dc.gov/>

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

☐ License-exempt center-based CCDF providers.

☐ License-exempt family child care CCDF providers.

☐ License-exempt non-CCDF providers.

☐ Relative CCDF child care providers.

☐ Other (e.g., summer camps, public pre-Kindergarten). Describe: [Click or tap here to enter text.](#)

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- ☒ All licensed providers. Describe: *Distance, Language, Accreditation, Hours of Operation, Types of Care, Location, and ZIP Code.*
  - ☐ License-exempt CCDF center-based providers. Describe: *Click or tap here to enter text.*
  - ☐ License-exempt CCDF family child care providers. Describe: *Click or tap here to enter text.*
  - ☐ License-exempt, non-CCDF providers. Describe: *Click or tap here to enter text.*
  - ☐ Relative CCDF providers. Describe: *Click or tap here to enter text.*
  - ☐ Other. Describe: *Click or tap here to enter text.*

#### 9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
- ☒ Quality improvement system.
  - ☒ National accreditation.
  - ☐ Enhanced licensing system.
  - ☐ Meeting Head Start/Early Head Start Program Performance Standards.
  - ☒ Meeting pre-Kindergarten quality requirements.
  - ☐ School-age standards.
  - ☐ Quality framework or quality improvement system.
  - ☐ Other. Describe: *Click or tap here to enter text.*
- b. For what types of child care providers is quality information available?
- ☒ Licensed CCDF providers. Describe the quality information: *All licensed CCDF*

*providers, including child development homes, expanded child development homes, and child development centers, are required to participate in the District’s quality rating and improvement system (QRIS), Capital Quality. The quality information displayed on My Child Care DC includes the facility’s Capital Quality designation (Preliminary, Developing, Progressing, Quality, or High-quality), mission statement, research-based curricula and assessments used, Environment Rating Scales (ERS) and/or Classroom Assessment Scoring System (CLASS®) scores, and whether teachers (caregivers) have paid planning time outside of classroom hours. OSSE also includes accreditation status (if applicable) on the My Child Care DC facility profile.*

- ii. ☒ Licensed non-CCDF providers. Describe the quality information: *Licensed non-CCDF providers that voluntarily participate in the District’s QRIS, Capital Quality, have the same quality information displayed as licensed CCDF providers (e.g., Capital Quality designation, mission statement, research-based curricula and assessments used, ERS and/or CLASS® scores), as well as accreditation status (if applicable). Accreditation status (if applicable) is the only quality information displayed for non-CCDF providers that do not participate in Capital Quality.*
- iii. ☐ License-exempt center-based CCDF providers. Describe the quality information: *Click or tap here to enter text.*
- iv. ☐ License-exempt FCC CCDF providers. Describe the quality information: *Click or tap here to enter text.*
- v. ☐ License-exempt non-CCDF providers. Describe the quality information: *Click or tap here to enter text.*
- vi. ☐ Relative child care providers. Describe the quality information: *Click or tap here to enter text.*
- vii. ☐ Other. Describe: *Click or tap here to enter text.*

#### 9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
  - i. ☒ The total number of serious injuries of children in care by provider category and

- licensing status.
- ii. ☒ The total number of deaths of children in care by provider category and licensing status.
  - iii. ☒ The total number of substantiated instances of child abuse in child care settings.
  - iv. ☒ The total number of children in care by provider category and licensing status.
  - v. If any of the above elements are not included, describe: [Click or tap here to enter text.](#)
- b. Certify by providing:
- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: *A child development facility must notify OSSE of any unusual incident that may adversely affect the health, safety, or welfare of any enrolled child or children, including serious injuries or deaths, by submitting an Unusual Incident Report form to OSSE's Child Care Complaint email address [OSSE.childcarecomplaints@dc.gov](mailto:OSSE.childcarecomplaints@dc.gov), as well as notifying the parent(s) or guardian(s) of each child affected by the unusual incident. Unusual incidents include but are not limited to, the death of an individual occurring at the facility, or injury to or illness of, any child that occurs during the hours the child is enrolled in care and that requires hospitalization or emergency medical treatment.*
  - ii. *In-home license-exempt providers must also notify OSSE by submitting an Unusual Incident Report form via email for any unusual incident that may adversely affect the health, safety, or welfare of any child in the home. A copy of the completed incident report is provided to the parent(s) or guardian(s) of each child affected by the unusual incident.*
  - iii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: *The term "substantiated child abuse" means a report that is supported by credible evidence that a child was abused or neglected and the person in question was the maltreater. This determination is completed by CFSA, the lead agency in substantiating alleged child abuse and neglect for the District.*
  - iv. The definition of "serious injury" used by the Lead Agency for this requirement: *The term "serious injury" is any injury that requires medical attention.*
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:  
<https://mychildcare.dc.gov/MyChildCare/AggregateData/2611/0>

#### 9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local

CCR&R organizations?

☒ Yes.

☐ No.

☐ Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information:

<https://mychildcare.dc.gov/MyChildCare/ContactUs/>

#### 9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

☒ Yes.

☐ No.

b. Provide the direct URL/website link to this information: <https://osse.dc.gov/service/my-child-care-dc>

#### 9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

☒ Yes.

☐ No.

b. Provide the direct URL/website link to the sliding fee scale. <https://mychildcare.dc.gov/>

### 9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

#### 9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.



*Information is provided through My Child Care DC, which is the District’s consumer website and online tool for families. My Child Care DC provides detailed profiles of every licensed child care facility in DC. This tool empowers families to explore, compare, and connect with options best suited to their unique needs. Families can search for specific child care providers, filter options based on geography, ages served, and special programs offered such as after-school care and compare child care facilities with ease. In 2023, OSSE created and launched a communications campaign to raise awareness of My Child Care DC among DC families and people, groups, and organizations who support families, such as pediatricians and faith groups. OSSE created a suite of new marketing materials, including print materials (e.g., a flyer, brochure, and palm card), digital materials, two videos, and content for social media platforms. All materials were created in English, Spanish, and Amharic. As part of this campaign, OSSE also ran transit, radio, and digital ads in the fall of 2023. Transit and radio ads ran in English and Spanish, and digital ads ran in English, Spanish, and Amharic. Items (e.g., magnets, stress balls) featuring the My Child Care DC logo and website address were also produced to distribute to families at events. All materials produced for the campaign were grounded in core messaging that was tested with a diverse group of DC families to ensure the language would be effective and resonate with the target audience. The core messaging found throughout the campaign is: “Simplify your search for child care in DC! Explore child care facilities. Compare options with care. Connect with high-quality care.” This messaging and materials are still in use as we continue outreach to DC families.*

*DC Child Care Connections (DC CCC), DC’s child care resource and referral (CCR&R) agency, supports families in identifying programs and resources that best meet their needs. DC CCC supports this effort via email, telephone, and in-person at their two centrally located service centers and online through their website at <https://dcchildcareconnections.org/>. In communicating program information and consumer education information, DC CCC provides individualized assistance and referrals to families seeking child care; helps families navigate child care programs; raises awareness of and assists families to access support from the Child Care Subsidy Program and shares information on other available supports to help pay for child care and equip families to make informed choices regarding the services that best suit their needs. DC CCC also engages the community and stakeholders by developing partnerships to reach families with diverse needs and backgrounds (i.e., linguistic diversity, special needs, and non-traditional hours of care) and ensure that families with diverse needs can access care.*

*In addition, family engagement specialists in the Quality Improvement Network (QIN) connect parents with district agencies that offer family support and services. The Department of Human Services (DHS) Child Care Services Division (CCSD) provides information to families on subsidized child care services through scheduled appointments and walk-in sessions.*

### 9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.

- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe: [Click or tap here to enter text.](#)

### 9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

☐ No. If no, describe: [Click or tap here to enter text.](#)

### 9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a

minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. *OSSE and grantee and other DC Government agency partners provide comprehensive information on children’s development, including physical health and development, healthy eating, and successful parent and family engagement. This information is made available through various platforms and activities:*

- *Help Me Grow, <https://helpmegrow.dc.gov>, is an information and referral helpline*

*for pregnant people, parents, and caregivers of children ages 0-5 in the District. Help Me Grow DC partners with organizations throughout the District to promote the health and wellness of prenatal parents and families with children through age 5. They connect young children and their families to developmental and behavioral services and prenatal parents to services to support a healthy pregnancy.*

- *Health and Development: Information about physical health, development, and wellness guidelines for child care providers is shared with parents, providers, and the general public via the Healthy Tots website. <https://osse.dc.gov/page/healthy-tots-act#:~:text=Healthy%20Tots%20provides%20funding%20and%20resources%20to%20support,of%202014%20became%20effective%20on%20Feb.%2026%2C%202015>*
- *Research and Best Practices: OSSE shares research and best practices concerning children's development and successful parent and family engagement through standing councils and workgroups (e.g., the Interagency Coordinating Council [ICC], State Early Childhood Development Coordinating Council [SECDCC], Child Care Recovery Working Group, and QIN Policy Council and Interagency Steering Committee) and published reports and materials.*

*Distinct activities for sharing Information with the following groups:*

- *Parents: The QIN provides family engagement specialists who work with parents and families to identify the support needed and connect families to services. Strong Start, the District's early intervention program, shares child development information directly with parents. DC CCC supports families in identifying programs and resources that best meet their needs. In communicating program information and consumer education information DC CCC provides individualized assistance and referrals to families seeking child care; helps families navigate child care programs, raising awareness of and assisting families to access support from the child care subsidy program and other available supports in paying for child care and equipping families to make informed choices regarding the services that best suit their needs.*
- *Providers: Child Care providers and early educators have access to ongoing in-person and online professional development focused on children's development and learning through the OSSE Learning Management System (LMS), Quorum Learning, and monthly Capital Quality Communities of Practice (COPs). Webinars are also available for child development providers participating in Capital Quality and QIN. Some CoPs are offered on weekends to accommodate the schedule of the home providers.*
- *General Public: Information is shared with the general public at community events and online meetings such as the SECDCC. DC CCC also engages the community and stakeholders by developing partnerships to reach families with diverse needs and backgrounds (i.e., linguistic diversity, special needs, and non-traditional hours of care) and ensure that families with diverse needs can access information on children's learning and development.*

### 9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe: [Click or tap here to enter text.](#)

### 9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: *OSSE works through its partners and programs, including DC CCC, the Department of Behavioral Health (DBH), and Strong Start, to share information with families, providers, and the general public regarding the social-emotional and behavioral health of young children.*

*DC CCC partners with DBH to link families, providers, and the general public to programs and services related to social-emotional and behavioral health. Through DBH, families may also access mental health information and consultation services. DBH provides child and family services, assessments of children for identification of services, family-centered mental health services, early intervention programs, and emergency services. DBH operates Healthy Futures, the District's early childhood mental health consultation program, which provides onsite training and technical assistance to early childhood educators and families of children ages birth to 5 in infant, toddler, and pre-K programs to support individual children's needs using an evidence-based early childhood mental health consultation model.*

*Child development staff are required through licensing regulations to complete annual professional development that: (1) incorporates the knowledge and application of the District's early learning and developmental guidelines; (2) promotes the social, emotional, physical, and cognitive development of children; and (3) improves the knowledge and skills of directors, teachers, and caregivers in working with children and their families. Additionally, OSSE provides child development facilities and early educators with a variety of training on social-emotional development, evidence-based behavior support, and mental health through both in-person and online modalities through the OSSE LMS, the Quorum eLearning online platform for educators, and the Trainer Approval Program (TAP), which certifies professional development trainers and training organizations.*

*State Part C staff are approved trainers in the District's professional development system for early educators and regularly deliver training to child development facility leaders, facility teams, and early educators on topics related to identifying children with disabilities and developmental delays and developmentally appropriate strategies for supporting children with disabilities and developmental delays and their families. Strong Start holds annual training on developmental milestones for infants and toddlers, developmentally appropriate practice for infants and toddlers, and Ages and Stages Questionnaire (ASQ) developmental screening. OSSE and DC Health have a Memorandum of Understanding (MOU) to support the early identification and Part C eligibility determination of infants and toddlers and implement a District-wide system of coordinated developmental screening for children from 2 to 60 months of age. The implementation of the online ASQ aims at building the capacity of staff and expanding developmental screenings by bringing all child development centers that participate in the District of Columbia child care subsidy system into the ASQ online initiative.*

*OSSE partners with community and philanthropic organizations, such as the Bainum Family Foundation, DC Association for the Education of Young Children (DCAEYC), and others to widely distribute information about children’s social-emotional development and mental health resources to early educators, child development facilities, and families by participating in fairs, open houses, and information sessions for families. These activities are tailored to a variety of different audiences, including programming focused on educators working with children birth to 8, birth to 5, and infants and toddlers.*

*DC CCC also published a family resource document (available through the District’s consumer education website) with information related to preventing suspensions and expulsions and promoting positive behavior management.*

**9.3.7 Policies on the prevention of the suspension and expulsion of children**

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: *OSSE’s child development facility regulations require that a licensee use positive methods of child guidance that meet the individual needs of each child and encourage self-control, self-direction, self-esteem, and cooperation and requires providers to maintain and provide to OSSE, upon request, for each enrolled children, a record of any suspensions or expulsions. The District’s Pre-K Student Discipline Amendment Act of 2015 (DC Law 21-12), prohibits the suspension or expulsion of a student of pre-K age from any publicly funded pre-K program, including those operated by local education agencies (LEAs) and community-based organizations (CBOs), 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. Suspension must not exceed three days for any individual incident. The legislation establishes annual reporting requirements for each local education agency on suspensions and expulsions data for all grades.*

*OSSE collects discipline data through a Discipline Data Collection Template and uses this information to publish an annual report to the DC Council on all disciplinary incidents and actions that occurred in the prior school year. The annual report is widely distributed to OSSE’s child development facilities, LEAs, and other stakeholders, and training and professional development is developed to support child development facilities to comply with the requirements for preventing suspensions and expulsions.*

*OSSE also published a Pre-K Discipline Practices Guide that describes the District’s requirements regarding the prevention of suspension and expulsions of children. Child development facilities can use the guide when working with families on issues related to preventing suspensions and expulsions. The discipline guide is reviewed annually with child development facilities participating in the District’s Pre-K Enhancement and Expansion Program (PKEEP). Additionally, DC CCC, the District’s CCR&R, includes the discipline guide as a resource for facilities and families. DC CCC also published a family resource document (available through the District’s consumer education website) with information related to preventing suspensions and expulsions and promoting positive behavior management.*

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:



*OSSE's child development facility regulations require that licensees, including licensed out-of-school time (OST) programs, use positive methods of child guidance that meet the individual needs of each child and encourage self-control, self-direction, self-esteem, and cooperation and require providers to maintain and provide to OSSE, upon request, for each enrolled children, a record of any suspensions or expulsions.*

#### 9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

##### 9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.  
☒ Yes.  
☐ No. If no, describe: [Click or tap here to enter text.](#)
- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).  
☒ Yes.  
☐ No. If no, describe: [Click or tap here to enter text.](#)
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.  
☒ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: *Families are provided information on developmental screenings during the intake process. DHS eligibility staff and Level II providers provide the consumer education statement that includes information on Strong Start. The statement also includes information on promoting positive behavior to foster children's social and emotional growth.*



☐ No. If no, describe: [Click or tap here to enter text.](#)

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

☒ Yes.

☐ No. If no, describe: [Click or tap here to enter text.](#)

## 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

### 10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

#### 10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

Describe:

*Multiple layers of authority and responsibility within the Office of the State Superintendent of Education (OSSE) and District Government work together to ensure program integrity and accountability in the use of federal and local funds and compliance with applicable statutes, regulations, and programmatic rules and requirements.*

*Within OSSE's Division of Early Learning, programmatic units (Licensing, Compliance, and Subsidy Unit and Quality Improvement Unit for Child Care and Development Fund [CCDF]-related programming) are responsible for designing programs and grants in compliance with local and federal requirements; developing and monitoring grantee scopes of work and monitoring grantee performance; and training and supporting child development facilities and Department of Human Services (DHS) staff to implement child care subsidy eligibility determination and attendance policies and processes in compliance with OSSE, District, and federal requirements and policies. These programmatic units partner with the Division of Early Learning's Policy Unit to regularly review programmatic policies and processes to ensure compliance with federal and local requirements, and with fiscal staff in the Division of Early Learning's Operations and Grants Management Unit to monitor grantee, contractor, and subsidized child care provider expenditures and reimbursements to ensure fiscal integrity and compliance with District and federal laws, policies, and processes related to integrity of public funds. As part of this shared accountability for program integrity, and to provide an additional layer of checks and balances on all programmatic expenditures, all grantee, contractor, and subsidized child care provider reimbursements are reviewed by both a programmatic and a fiscal staff member prior to approval for reimbursement, with additional layers of supervisory review in place for larger payments (as described below).*

*Programmatic, policy, and fiscal staff within the Division of Early Learning (DEL) are accountable to the Director of Licensing and Compliance (for child care subsidy agreements and payments), Director of Quality Initiatives (for quality and supply building grants supported with CCDF and local funds), Policy Director (for compliance with federal and local laws and regulations), and Director of Operations and Grants Management (for fiscal integrity), who are in turn accountable to the Deputy Superintendent of Early Learning.*

*As the CCDF administrator, the Deputy Superintendent of Early Learning holds overall accountability for program integrity of the District's Child Care Subsidy Program and implementation of CCDF-funded programs, with support and partnership of other OSSE divisions and infrastructure that support program integrity across all locally and federally funded programs administered by the agency (see further description below). The Deputy Superintendent of Early Learning supervises the directors of each respective unit to ensure clear coordination and communication between fiscal, programmatic, and policy staff and facilitates coordination and communication between Division of Early Learning staff and other OSSE units that administer agency-wide systems, infrastructure, and policies supporting program integrity. The Deputy Superintendent of Early Learning reports directly to the State Superintendent of Education, who is appointed by and accountable to the Mayor of the District of Columbia.*

*As both the state education agency (SEA) for the District of Columbia and the CCDF lead agency, OSSE is responsible for administering federally and locally funded grant programs annually and has put in place robust centralized infrastructure to ensure programmatic and fiscal integrity across locally and federally funded grants programs. Within OSSE's Operations Division, the Office of Grants Management and Compliance puts in place and manages infrastructure and internal processes for ensuring integrity of grants funding, including the Enterprise Grants Management System (EGMS) through which all OSSE grants (including those supported with CCDF funds) are administered, and provides training, technical assistance, and monitoring to ensure that programmatic divisions comply with agency, District, and federal policies and requirements to ensure integrity and appropriate tracking of public funds. OSSE's Office of General Council partners with programmatic divisions and the Office of Grants Management and Compliance (OGMC) to ensure that all locally and federally funded grants are implemented in compliance with applicable local and federal laws and regulations.*

*Within the District, OSSE works closely with two other District Government agencies responsible for ensuring fiscal integrity and internal controls: The Office of the Chief Financial Officer (OCFO) and the Office of Contracting and Procurement (OCP). The OCFO, whose mission is to enhance the fiscal and financial stability, accountability, and integrity of the Government of the District of Columbia, is responsible for operating and maintaining a coordinated financial management system to budget,*

*collect, control, and properly account for all District funds and for developing, implementing, and monitoring the District's accounting policies and systems and producing the District's audited Comprehensive Annual Fiscal Report. Through the District Integrated Financial System (DIFS), the OCFO processes all payments to grantees, vendors, and subsidized child care providers on behalf of OSSE; ensures that funds are assigned to appropriate accounts with adequate controls and tracing to establish that federal and local funds are used only for purposes authorized by federal and local laws; and develops and submits required financial reports (e.g., the 696 for CCDF funds) to the federal government in coordination with and on behalf of OSSE. The OCFO staff reviews payments before processing and returns to the team and supervisor necessary clarifications and corrections. These steps support the agency's internal controls by minimizing agency errors, such as processing multiple payments in one month for one child.*

*OCP provides contracting services for OSSE and other District agencies. OCP is responsible for both establishing procurement processing standards that conform to regulations and monitoring the effectiveness of procurement service delivery. Procurement processing and management are executed by procurement professionals who are assigned to agency worksites to directly collaborate with program staff throughout the entire procurement process. OCP core services include the DC Supply Schedule, Purchase Card (P-Card) program, and the surplus property disposition and re-utilization program. OCP's learning and certification programs support the ongoing development of staff proficiency and procurement service quality. CCDF-funded contracts are managed in OCP's electronic Procurement Automated Support System (PASS), which enables OSSE to track obligations, invoices, and payments in compliance with District procurement law.*

*This structure, and the multiple layers of accountability and coordination it puts in place ensure multiple checks and balances on all programmatic and fiscal activities and expenditures associated with OSSE's implementation of the CCDF to ensure program integrity and identify and prevent potential fraud risks.*

#### 10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. *Fiscal oversight of CCDF funds, including grants and contracts. Describe: OSSE monitors all CCDF sub-recipients. Fully executed grant agreements and contracts are in place for all sub-contractors and/or sub-grantees and include a detailed Scope of Work (SOW) which outlines deliverables, activities, and reporting requirements to ensure compliance with grant terms and conditions. OSSE requires all sub-recipients to participate in ongoing training and meetings. Early post-award meetings cover the specific work to be done and provide a review of OSSE's financial and programmatic policies and procedures and relevant local and federal regulations. Ongoing training and meetings are used to troubleshoot issues and provide updates and/or reminders of information provided in the early post-award meetings. OSSE follows the agency-wide reimbursement request policy to ensure fiscal accountability for sub-recipients. Sub-recipient reimbursement requests and supporting documentation are reviewed by both a programmatic lead and a fiscal lead at OSSE to ensure payments are accurate and costs are allowable. Invoice submissions for contracts are also reviewed and approved by the program manager directly overseeing the work and the Director of Operations and Management to ensure allowable uses of funds. The OCFO staff reviews payments*

*before processing and returns to the team and supervisor necessary clarifications and corrections. These steps support the agency's internal controls by minimizing agency errors, such as processing multiple payments in one month for one child.*

*For providers participating in the District's Child Care Subsidy Program, the Provider Agreement for Subsidized Child Care Services serves the functions of a contract and outlines the programmatic and quality requirements that providers accepting subsidy funds must meet (including participation in Capital Quality, the District's quality rating and improvement system (QRIS), and administration of screening to all CCDF children within 45 days of enrollment); the terms and timing on which providers are paid for services rendered; requirements for identifying, reporting, and recouping or correcting potential overpayments- or underpayments; methods of dispute resolution; policies and procedures for reporting fraud the consequences; and penalties associated with these actions, including the steps the agency will take against providers who intentionally commit fraud in the subsidized child care program. Level II providers, which are authorized to conduct eligibility determinations on behalf of the OSSE, sign an additional agreement supplement detailing their responsibilities. Under OSSE's current payment structure, and consistent with the D.C. Government Quick Payment Act of 1984 (D.C. Law 5-164, D.C. Official Code 2-221.01 et seq), child care subsidy providers are reimbursed on a monthly basis, based on services rendered. Subsidy payments are generated using child care provider attendance records. The records serve as a provider's invoice for reimbursement for child care services. Providers participate in the required training related to submitting attendance records. Division of Early Learning attendance and eligibility monitors, the subsidy program manager, and grants and operations staff collaborate with OSSE's Office of the Chief Information Officer (CIO) and OCFO to ensure timely and accurate processing of all subsidy payments. Subsidy payments complete multiple rounds of review by supervisory staff, the subsidy program manager, and the Director of Operations and Grants Management and are reviewed and signed by the Deputy Superintendent of Early Learning prior to the release of monthly payments. These multiple layers of review serve to ensure proper documentation is provided and tracked and to detect and correct potential payment errors before processing.*

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: *OSSE uses EGMS for the fiscal management of grants. The system was designed to improve the management and administration of federal and local grants managed by OSSE, including tracking grant costs and expenditures. EGMS provides users with information on the status of grant applications, awarded amounts, expenditures to date, and payment status of pending reimbursements. EGMS offers sub-grantees and OSSE fiscal and programmatic staff a single and centralized location to manage all OSSE grant applications, submission of programmatic and/or fiscal amendments to the original application, and submission of electronic reimbursement requests with required supporting documentation. The system provides OSSE operational efficiencies, security architecture, central data storage and warehousing, increased transparency, workflow automation, and performance accountability. OSSE's grants management and program staff review monthly reimbursement requests in EGMS to determine that all expenses are aligned with the*



*grantees' SOW and approved budget. Reimbursement requests are reviewed by two internal OSSE staff members to ensure costs are being expended against the approved budget, and are allowable, reasonable, and allocable. These requests, alongside programmatic reports, and onsite monitoring, provide a thorough review of the grantee's compliance with OSSE's approved programmatic application, work plan, and budget.*

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: *DIFS serves as the authoritative record of all District Government expenditures and is managed by OCFO. OCFO accounting staff prepare required state and federal fiscal reports based on authoritative records in DIFS and collaborate with the Division of Early Learning Director of Operations and Grants Management to ensure programmatic review and timely and accurate submission of expenditure reports. For other required federal reporting, OSSE's CCDF administrator and co-administrator monitor and track required CCDF federal reports and put in place collaborative processes and routines to collect required information from Division of Early Learning programmatic and fiscal staff, review reports for accuracy and completeness, and ensure timely submission.*
- d. Other. Describe: *OSSE conducts mid-year and year-end evaluations of sub-recipients, including onsite monitoring. 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 Government or the federal government. On-site visits support efforts to maintain quality and ensure compliance with OSSE grant and contractual agreements, inclusive of OSSE's internal policies and procedures, and relevant District and federal regulations.*

#### 10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: *OSSE defines effective fiscal management practices as ensuring the effective application of grant funds and compliance with regulations through guidelines set by the fund issuer. Supporting policies and procedures include: cost-effective budgeting, monitoring of expenditures, and documentation of all fiscal transactions; timely billing and payment for services rendered; and implementation of internal tracking systems to ensure reasonable and allowable cost reimbursement.*

*Information and data documenting these systems, as well as programmatic and fiscal activities and expenditures, must be readily available for audit and compliance checks.*

- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: *OSSE's OGMC sets policies and provides support on fiscal practices. Through the audit process, relevant staff meet at least annually to assess the implementation of internal procedures and prepare a brief internal report on compliance with the procedures. After the audit is complete, the summary report is shared with senior-level budget and operations staff.*

*Within the Division of Early Learning, the Operations and Grants Management Unit monitors the timeline for processing monthly reimbursement submissions and convenes*

*program and fiscal grants management staff to review timeliness reports, which may result in changes to existing policies or processes. The team provides routine updates to OSSE's agency-aide Grants Management and Compliance Committee.*

- c. How the results inform implementation. Describe: *OSSE's OGMC convenes an agency-wide committee with representatives from each division to review the agency's adherence to the policies and procedures established for effective fiscal management and compliance with both federal requirements (2 CFR 200.305(b)(3)) and District requirements (D.C. Government Quick Payment Act of 1984, as amended, D.C. Law 5-164, D.C. Official Code 2-221.01 et seq). Information collected through the OGMC Agency Committee and the unit-specific internal grants report help inform policy changes, procedural updates, or system enhancements.*
- d. Other. Describe: *N/A.*

#### 10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: *OSSE's risk assessment activities include conducting evaluations for each sub-grantee. The evaluation confirms if the sub-grantee was non-compliant with any grant fiscal requirements. If the evaluation shows that a grantee has a finding, the grantee will be subject to a corrective action, determined by OSSE and based on the nature of the finding. These actions may include additional reporting on grant/fiscal-related matters, increased monitoring/oversight by grants and programmatic staff, or other actions that may prohibit the grantee from participating in the grant in a subsequent year.*
- b. The frequency of each risk assessment. Describe: *The Division of Early Learning Operations and Grants Management Unit conducts annual risk assessments. Additionally, OCFO completes single audit requests annually and will request OSSE to provide documentation for expenditures in support of those audits.*
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: *OSSE uses risk assessment results to identify areas for improvement and set measurable goals to improve management processes. This includes assessment of organizational structure, resources, commitment, and documented methods to plan and execute change management processes to ensure improved outcomes.*
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: *OSSE's risk assessment process is used to determine compliance with corrective action plans (when a grantee is issued a finding following an evaluation) and to identify, decrease, and minimize the likelihood of fraud, waste, or abuse. Risk assessments are effective when OSSE reports full compliance with corrective actions, records a decrease in the corrective actions issued, and demonstrates progress on meeting risk assessment areas of improvement. Our fiscal monitors continuously review fiscal reports, reimbursement submissions, and invoicing data and work with program staff to identify any additional needs not met by the grant recipient.*
- e. Other. Describe: *The Division of Early Learning Operations and Management Director and program manager(s) receive training from OGMC on additional grant topics to ensure we uniformly employ as an agency the best grant management practices for fiscal oversight and*



*monitoring.*

#### 10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
  - i. Describe the training provided to staff members around CCDF program requirements and program integrity: *The CCDF administrator and co-administrator, director of operations and grants management and other fiscal staff, quality initiatives staff responsible for overseeing subgrants fully or partially funded with CCDF funds, and OCFO staff who submit financial reports on behalf of the lead agency all completed fiscal fundamentals training offered by the Administration of Children and Families (ACF) and regularly participate in ACF-sponsored professional development and technical assistance opportunities related to fiscal management, as appropriate to their roles and responsibilities. The CCDF administrator and co-administrator also reach out to request technical assistance on fiscal and grants management questions when needed. OSSE provides quarterly child care eligibility policy training for all Level II providers and Department of Human Services (DHS) employees who conduct eligibility determinations. Email notifications for upcoming orientations are sent to all child care subsidy providers.*
  - ii. Describe how staff training is evaluated for effectiveness: *OSSE uses surveys, post-training efficiency quizzes, results from quarterly audits, and results from the triennial federal error rate/improper payment audit report to evaluate the effectiveness of staff training. When applicable, the CCDF team meets with DHS Child Care Services Division (CCSD) and Level II provider eligibility staff to share findings, debrief training and, based on information gathered from those meetings, update staff training to ensure staff develop and/or maintain the skills and knowledge to effectively carry out program objectives in compliance with program requirements. Lead agency team members who participate in ACF-sponsored technical assistance and training on fiscal matters debrief afterwards to document lessons learned, identify potential implications for OSSE practice and processes, and surface any needs for further guidance or technical assistance. The CCDF co-administrator maintains a listing of all currently active technical assistance requests and monitors progress of those requests.*
  - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: *Risk assessment information is used to evaluate and address training needs by identifying areas in need of improvement, which then allows for training needs to be addressed and administered.*

- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
  - i. Describe the training for providers around CCDF program requirements and program integrity: *Child care providers interested in participating in the Child Care Subsidy Program must complete the program orientation, which is available online and offered in English and Spanish. Providers must complete a brief quiz after the orientation, which ensures an understanding of program requirements. Providers also have the option to schedule a live, virtual orientation with the subsidy team. The Subsidy Program Manual is available on the OSSE website for all child care providers to use as a reference. Any programmatic changes are communicated via email to child providers, and subsidy staff conduct targeted outreach to ensure understanding. OSSE provides quarterly child care eligibility policy training for all Level II providers who conduct eligibility determinations and all subsidized child care providers attend a mandatory child care subsidy training annually.*
  - ii. Describe how provider training is evaluated for effectiveness: *OSSE periodically reviews training materials, policies, administrative issuances, and other pertinent CCDF materials to ensure the information meets the goals and objectives of the training. Training topics are assessed and adjusted as needed to address common issues or areas of confusion. OSSE holds brown bag training for eligibility staff to cover targeted topics based on error reporting and payment adjustment data.*
  - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: *OSSE reviews findings from error reports to determine the impact of improvements incorporated into the most recent error rate review. The team prepares a summary overview of the findings and shares this information with Division of Early Learning leadership and eligibility workers as appropriate. The team incorporates the error rate action items into training and meetings with eligibility workers and management staff, including surveys to inform ongoing training.*

#### 10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: *OSSE uses data and findings from the triennial error rate review to evaluate and improve the effectiveness of the agency's internal controls. The internal project staff reviewed the findings from the last two reports to determine the impact of the improvements incorporated into the most recent error rate review. The team prepares a summary overview of the findings and shares this information with Division of Early Learning leadership and eligibility workers as appropriate. The team incorporates the error rate action items into training and meetings with eligibility workers and management staff, including surveys to evaluate the effectiveness of the updated internal controls.*

- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: *The Single Audit is a requirement for any non-federal entity that expends \$750,000 during its fiscal year in Federal Awards. It entails an audit of both the organization's financial statements and compliance with Federal Award requirements for those programs identified as "major programs" based on the award amount, or other high-risk factors. OSSE qualifies for this Single Audit every year. The District contracts with an auditing firm for five years at a time; the auditing firm chooses which programs to audit each year, based on General Accepted Accounting Principles. The last year CCDF was chosen was in fiscal year 2022 (FY22), for FY21 and the audit did not have any findings.*
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: *N/A.*

#### 10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☒ **No.** If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. *The District contracts with an auditing firm to conduct the Single Audit according to General Accepted Accounting Principles. CCDF was selected for inclusion in the Single Audit in FY22, for FY21. CCDF did not have any findings in that audit. OSSE reviewed the information and findings from the CCDF Monitoring Cycles 1 and 2 processes to determine which processes were flagged for non-compliance. The District did not receive any notices of non-compliance on program integrity topics. Additionally, the District recently completed ACF's Grantee Internal Controls Self-Assessment, which did not identify areas of weakness.*
- b. ☐ **Yes.** If yes, what were the indicators? How did you use the information to strengthen your internal controls? *Click or tap here to enter text.*

#### 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

##### 10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. ☒ **Share/match data** from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
  - i. ☒ **Intentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: *OSSE collaborates and shares*

data with DHS on subsidized child care and Temporary Assistance for Needy Families (TANF). Through this data sharing, OSSE is able to ensure that families referred to subsidized child care from these programs meet eligibility requirements. The ability to cross-check among social programs administered by different District agencies allows OSSE to protect against fraud and/or unintentional program violations.

- ii. ☒ **Unintentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: *OSSE collaborates and shares data with DHS on subsidized child care and TANF. Through this data sharing, OSSE is able to ensure that families referred to subsidized child care from these programs meet eligibility requirements. The ability to cross-check among social programs administered by different District agencies allows OSSE to protect against fraud and/or unintentional program violations.*
- iii. ☒ **Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: *OSSE collaborates and shares data with DHS on subsidized child care and TANF. Through this data sharing, OSSE is able to ensure that families referred to subsidized child care from these programs meet eligibility requirements. DHS eligibility workers review and match TANF referral information against TANF client's information in the subsidy application. This matching ensures data and client records match at both agencies. Any instances of clients who do not match are researched and corrected as necessary. Additionally, data matching reduces administrative burden and the chances of agency errors for improper payments.*
- b. ☒ **Run system reports that flag errors (include types).**
  - i. ☒ **Intentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: *DHS submits a Child Care Subsidy Fraud Investigation Tracker Report to OSSE on a monthly basis. This report contains the case name, number, suspected fraud site, notes, action items, and status. To date, there have been no reported cases of suspected fraud reported to OSSE through this process.*
  - ii. ☒ **Unintentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: *OSSE runs a monthly "Pending Eligibility Review Report" for all Level II providers. This report allows OSSE to determine any cases that are non-compliant with redeterminations and flagged for follow-up as needed. Reviewing the pending eligibility report ensures all redeterminations are completed within the required timeframe and eligibility records are up-to-date and accurate and any non-compliant matters are resolved as quickly as possible.*
  - iii. ☒ **Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: *OSSE eligibility staff use the "Pending Eligibility Report" to identify pending and late eligibility redeterminations errors. This report is reviewed to determine that recertifications are being conducted in a timely fashion. This review flags potential agency errors prior to redetermination. Instances of non-compliance are reviewed, and OSSE will reach out to ensure compliance.*

- c. ☒ Review enrollment documents and attendance or billing records.
  - i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *OSSE reviews monthly attendance reports for all providers to ensure accurate payments. OSSE conducts attendance audits of subsidized child care providers to ensure accurate record-keeping and billing processes. Child care eligibility records are reviewed to ensure eligibility was determined accurately and rates and co-payments were assessed correctly. This review process supports the agency's internal controls for intentional program violations. Funds are recouped if a case is deemed ineligible or overpayments were made due to intake errors. Errors are tracked and reviewed to identify any trends.*
  - ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *OSSE reviews monthly attendance reports for all providers to ensure accurate payments. OSSE conducts quarterly attendance audits of all subsidized child care providers to ensure accurate record-keeping and billing processes. This review process supports the agency's internal controls for unintentional program violations, such as an error in listing a student twice on a monthly attendance record. Any discrepancies are investigated, and funds are recouped if necessary.*
  - iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *Provider records are reviewed by staff at multiple levels, including review and approval by supervisors, to avoid agency errors. OCFO staff review subsidy payments before processing and returns to the team and supervisor necessary clarifications and corrections. These steps support the agency's internal controls by minimizing agency errors, such as processing multiple payments in one month for one child.*
- d. ☒ Conduct supervisory staff reviews or quality assurance reviews.
  - i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Supervisor review is required to approve subsidy payments. Subsidy payments go through multiple rounds of review. This includes review conducted by supervisory staff, the subsidy program manager, and the Director of Operations and Grants Management and are reviewed and signed by the Deputy Superintendent of Early Learning prior to the release of monthly payments. These multiple layers of review serve to ensure proper documentation is provided and tracked and to detect and correct potential payment errors before processing.*
  - ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Supervisor review is required to approve subsidy payments. Subsidy payments go through multiple rounds of review. This includes review conducted by supervisory staff, the subsidy program manager, and the Director of Operations and Grants Management and are reviewed and signed by the Deputy Superintendent of Early Learning prior to the release of monthly payments. These multiple layers of review serve to ensure proper documentation is provided and tracked and to detect and correct potential payment errors before processing.*



- iii. ☒ **Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: *Supervisory staff review documentation, such as monthly attendance and recommended payment adjustments (i.e., amount and days paid), and monthly error report payment adjustments to ensure quality control. Supervisory staff coordinate with other staff as necessary to clarify or process any corrections before submission for payment. These quality control measures minimize agency errors in managing billing and payment procedures.*
- e. ☒ **Audit provider records.**
  - i. ☒ **Intentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: *OSSE audits 100 percent of records for Level II providers with fewer than 30 records, 50 percent of records for Level II providers with 31-100 records, and 30 percent of records for Level II providers with more than 100 records. OSSE's eligibility monitoring unit conducts onsite visits as necessary to follow up on any findings identified during the desk audit. Records managed by DHS are randomly reviewed annually at a rate of 3 percent. During the eligibility audits, the eligibility monitors review documents for accuracy and ensure that there are proper procedures in place during the intake and records maintenance process. The audits support OSSE in addressing intentional program violations.*
  - ii. ☒ **Unintentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: *OSSE audits 100 percent of records for Level II providers with fewer than 30 records, 50 percent of records for Level II providers with 31-100 records, and 30 percent of records for Level II providers with more than 100 records. OSSE's eligibility monitoring unit conducts onsite visits as necessary to follow up on any findings identified during the desk audit. 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. The eligibility monitoring unit provides technical assistance to clarify and correct any records that are incomplete and ensure the eligibility staff understands the current policy. The audits support OSSE in addressing unintentional program violations, including by identifying staff to target for training based on common errors and to identify case workers or Level II providers who need additional technical assistance with eligibility determinations.*
  - iii. ☒ **Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: *During the eligibility audits, the eligibility monitoring unit reviews documents for accuracy and ensure that there are proper procedures in place during the intake and records maintenance process. The eligibility monitoring unit provides technical assistance to clarify and correct any records that are incomplete and ensure the eligibility staff understands the current policy. The audits support review and evaluation of the audit process to reduce the agency's errors.*
- f. ☒ **Train staff on policy and/or audits.**
  - i. ☒ **Intentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: *The subsidy unit conducts*



*quarterly training for providers on attendance and eligibility policies. All providers are required to attend at least one training per year. Providers may also receive individual training and technical assistance when requested. Annual required trainings ensure all Level II and DHS caseworkers are up to date on policies and procedures. These trainings include policies and procedures on reporting any suspected cases of fraud or intentional program violations to OSSE. OSSE staff also participate in federally offered technical assistance such as fiscal fundamentals and other ACF-offered fiscal training.*

- ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *The subsidy unit conducts quarterly training for providers on attendance and eligibility policies. All providers are required to attend at least one training per year. Providers may also receive individual training and technical assistance when requested. Training ensure all Level II and DHS caseworkers are up to date on policies and procedures and implementation is consistent for all families that initially apply or apply for redetermination to the District's subsidized child care program. Examples of unintentional program violations covered during the training include mistakes in reporting income or incorrect data provided. OSSE staff also participate in federally offered technical assistance such as fiscal fundamentals and other ACF-offered fiscal training.*

- iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *The subsidy unit conducts quarterly training for providers on attendance and eligibility policies. Prior to these trainings, OSSE staff shares any topics that should be highlighted during the training, including any trends in agency errors. Additionally, OSSE's program integrity team meets with fiscal staff from the Division of Early Learning Operations and Management Unit to discuss relevant CCDF policy changes or upcoming audits. These meetings build knowledge on various aspects of program integrity. OSSE staff also participate in federally offered technical assistance such as fiscal fundamentals and other ACF-offered fiscal training to reduce errors and ensure compliance with fiscal requirements.*

- g. ☒ Other. Describe the activity(ies): *Click or tap here to enter text.*

- i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Subsidy policy and operations manuals and the annual Provider Agreement for Subsidized Child Care Services outline the policies and procedures for reporting fraud, the consequences and penalties associated with these actions, and the steps the agency will take against providers who intentionally commit fraud in the subsidized child care program. In some instances, cases may be referred to the DC Office of the Inspector General (OIG) for review and final decision. Additionally, DHS submits a Child Care Subsidy Fraud Investigation Tracker Report to OSSE on a monthly basis. This report contains the case name, number, suspected fraud site, notes, action items, and status. To date, there have been no reported cases of suspected fraud reported to OSSE through this process.*

- ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
- iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)

#### 10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): [DC OIG](#)
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
  - i. ☒ [Require recovery](#) after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: [Any improper payment greater than \\$100 is recovered by OSSE through the recoupment process.](#)
  - ii. ☒ [Coordinate with and refer to the other State/Territory agencies](#) (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: [OSSE refers all suspected cases of fraud to DC OIG. DC OIG reviews the case information and conducts an independent investigation. Due to OSSE's prevention measures, no cases have required referral to DC OIG in the past three fiscal years.](#)
  - iii. ☒ [Recover through repayment plans](#). Describe the activities and the results of these activities based on the most recent analysis: [OSSE permits providers to enter into a repayment plan for recoupment, depending on the amount of the recoupment. Fraud or intentional program violations by a family may result in collection of funds from the parent or guardian improperly spent on child care.](#)
  - iv. ☒ [Reduce payments in subsequent months](#). Describe the activities and the results of these activities based on the most recent analysis: [Any improper payment greater than \\$100 is recovered by OSSE through a recoupment plan to reduce payments administered in subsequent months.](#)
  - v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
  - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)

- vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- viii. ☐ Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?
- ☐ No.
- ☒ Yes.
- If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.
- i. ☒ **Require recovery** after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: *Any improper payment greater than \$100 is recovered through the recoupment process. Providers are required to review their monthly pay statements and report any overpayments or underpayments to OSSE within three months to receive a payment adjustment. For overpayments, providers are able to enter into a repayment plan depending on the amount of the recoupment.*
- ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- iii. ☒ **Recover through repayment plans.** Describe the activities and the results of these activities based on the most recent analysis: *If OSSE discovers that a program violation caused an improper payment, the agency will follow up with the provider to recoup these payments, per OSSE's recoupment policy. The policy allows for the provider to enter into a repayment plan, depending on the amount of the recoupment. Unintentional program violations by the family may result in collection from the parent or guardian.*
- iv. ☒ **Reduce payments in subsequent months.** Describe the activities and the results of these activities based on the most recent analysis: *Unintentional program violations may result in a recoupment plan for the child care provider, based on program staff findings and the payments may be reduced in the subsequent months.*
- v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)

- vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- viii. ☐ Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- ☐ No.
- ☒ Yes.
- If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: *Any improper payment greater than \$100 is recovered by OSSE through the recoupment process. OSSE's recoupment policy is described in the annual Provider Agreement for Subsidized Child Care and is also included as an attachment/addendum to the agreement. Providers are required to review their monthly pay statements and report any overpayments or underpayments to OSSE within three months to receive a payment adjustment and providers are aware that all overpayments will be recovered, regardless of fault. For overpayments, providers are able to enter into a repayment plan depending on the amount of the recoupment.*
- ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: *Any discovered agency payment error will be followed up with a recoupment of payments to the provider. OSSE's recoupment policy allows for the provider to enter into a repayment plan, depending on the amount of the recoupment.*
- iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: *Agency payment errors may result in a recoupment plan for the child care provider, based on program staff findings. Eligibility monitoring staff will verify the overpayment amount and create a recoupment plan if necessary, based on the amount of the overpayment.*
- v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)

- vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
  - viii. ☐ Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
  - i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: *An applicant for the Child Care Subsidy Program whose fraudulent behavior has been confirmed through investigation may be permanently barred from participating in the Child Care Subsidy Program. The applicant may appeal a decision to the Office of Administrative Hearings. The applicant has the right to be represented by legal counsel or by a person of their choosing, who is not an employee of the DC Government, and to bring witnesses on their behalf.*
  - ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: *When there is evidence that a provider has committed a substantial program violation with the intention of obtaining payment from the District of Columbia, OSSE may terminate the Provider Agreement for Subsidized Child Care Services for non-compliance and refer suspected cases of waste and fraud for investigation to OSSE's Office of the General Counsel (OGC) and/or the DC OIG.*  
*When a provider has been terminated due to substantiated instances of fraud, the provider will be designated as an excluded party pursuant to DC Code 2-308.04 and the provider cannot solicit any contract with the District of Columbia Government for a period of 36 months. The process to appeal a disqualification begins with an attempt at an informal resolution process. If that process is unsuccessful, the provider may submit a formal written request to the Deputy Superintendent of Early Learning, which includes an opportunity for an informal conference and concludes with a written decision. Finally, the provider may appeal the written decision of the Deputy Superintendent of Early Learning by submitting a written request for an appeal and reconsideration to the State Superintendent of Education within 15 calendar days of receipt of the decision. The Superintendent will review the decision and any objections from the provider and issue a written decision that resolves the dispute within 30 calendar days of receipt of the provider's appeal.*
  - iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: *If OSSE determines that fraud has occurred, the case may be referred to the DC OIG for investigation and the Office of the Attorney General for possible criminal prosecution.*
  - iv. ☐ Other. Describe the activities and the results of these activities based on the

most recent analysis: [Click or tap here to enter text.](#)

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