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Child Care and Development Fund (CCDF) Plan

for

The District of Columbia

FFY 2019–2021

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, 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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Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the final rule was released. The final rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

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

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

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site 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. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

1 Define CCDF Leadership and Coordination With Relevant Systems

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

1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

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

Street Address: 1050 1st Street NE

City: Washington

State: DC

ZIP Code: 20002

Web Address for Lead Agency: www.osse.gov

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Hanseul

Lead Agency Official Last Name: Kang

Title: State Superintendent

Phone Number:

Email Address: Hanseul.Kang@dc.gov

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program

instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Elizabeth

CCDF Administrator Last Name: Groginsky

Title of the CCDF Administrator: Assistant Superintendent of Early Learning

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

Street Address: 1050 1st St. NE

City: Washington

State: DC

ZIP Code: 20002

Phone Number: (202) 727-2814

Email Address: Elizabeth.Groginsky@dc.gov

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

CCDF Co-Administrator First Name: Christina

CCDF Co-Administrator Last Name: Crayton

Title of the CCDF Co-Administrator: Policy Officer

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

Street Address: 1050 First Street, NE

City: Washington

State: DC

ZIP Code: 20002

Phone Number: (202) 442-4716

Email Address: Christina.Crayton@dc.gov

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

1.2 CCDF Policy Decision Authority

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

written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

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

1. Eligibility rules and policies (e.g., income limits) are set by the:
 - State or territory
 - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
 - Other. Describe: .
2. Sliding-fee scale is set by the:
 - State or territory
 - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
 - Other. Describe: .
3. Payment rates are set by the:
 - State or territory
 - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
 - Other. Describe: .
4. Other. List other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

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

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- ✓ Temporary Assistance for Needy Families (TANF) agency
- ✓ Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- ✓ Community-based organizations

- ✓ **Other.** Staff from the DC Department of Human Services and authorized Level II child development facilities conduct eligibility determinations for children and families.

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

- ✓ CCDF Lead Agency
- ✓ TANF agency
- ✓ Other state or territory agency
Local government agencies, such as county welfare or social services departments
- ✓ Child care resource and referral agencies
- ✓ Community-based organizations
- ✓ **Other.** The DC Child Care Connections Resource and Referral Center offers telephone and walk-in referral services for Parents/Guardians and Providers.

c) Who issues payments?

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

- 1.2.3 What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance. The Office of the State Superintendent has a Memorandum of Understanding (MOU) with the Department of Human Services that outlines the roles and responsibilities of DHS in determining child care eligibility. OSSE conducts quarterly audits/eligibility reviews of DHS. Additionally, the OSSE/DEL Operations and Management unit conducts annual reviews of Level II providers.
- 1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate. N/A
- 1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally-identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by

describing the Lead Agency's policies related to the use and disclosure of confidential and personally-identifiable information. OSSE requires all employees, contractors, and other personnel to maintain the security and privacy of any and all data, documents, and information acquired by and accessed through OSSE. Staff are required to sign a Non-Disclosure Agreement asserting compliance with these policies. The non-disclosure agreement affirms that staff complies with confidentiality and security of personally identifiable information pursuant to District of Columbia laws and regulations, as well as federal laws and regulations and that this information is not disclosed to any unauthorized party, organization, or entity. Also, OSSE's new licensing regulations requires child development facilities conform with applicable state and federal laws and protect a child's confidential information, keeping all records in a secure location and not disclosing information concerning an individual child or the parents/guardians.

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

- a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. The lead agency consulted with the Deputy Mayor for Education and the Deputy Mayor for Health and Human Services on the development of the Plan.
- b) Describe how the Lead Agency consulted with the State Advisory Council. The CCDF Administrator and Co-Administrator conducted two presentations with the State Early Child Education Coordinating Council (SECDCC) and one presentation with the SECDCC's Policy and Finance Committee. The CCDF Administrator shared highlights of the current initiatives DC is implementing under the current CCDF State Plan and

reviewed the CCDF Draft Preprint and the required sections for completion. Following these presentations, the CCDF Administrator met with the Policy and Finance Committee to gather input for the state plan. The SECDCC also reviewed and recommended the use of the alternative cost methodology for the FY 2019-2021 CCDF Plan.

- c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Not applicable
- d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan. OSSE consulted a number of public and private stakeholders to gather input on the CCDF plan. These groups included child development providers, the DC Association for the Education of Young Children and the DC Head Start Association; families and caregivers through the Quality Improvement Network (QIN) Policy Council, Family Engagement Learning Network and Parent Cafes, the QIN Interagency Steering Committee, other stakeholders and policymakers such as the Deputy Mayor's offices, the DC City Council, the Bainum Foundation's Birth to Three Policy Alliance, the DC Adult Education Change Network, and DC philanthropic and business leaders.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). *Reminder:* Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date(s) of notice of a public hearing. April 27, 2018 *Reminder:* Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice. The Notice of Public Hearing will be published in the DC Register 20 days in advance of the public hearing. The Notice was included on the OSSE website (<https://osse.dc.gov/>) and on the Child Care Resource and Referral website (<http://dcchildcareconnections.org/about-us/>). The notice was also distributed through the Division of Early Learning's listserv.
- c) Date(s) of the public hearing(s). Official Public Hearing, Monday May 21, 2018 10:00 a.m. - 12:00 p.m. *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed. OSSE will also host community engagement forums in each quadrant of the city and will hold the official public hearing at OSSE, 1050 1st Street, NE, Washington DC 20002 First Floor.
- e) How the content of the Plan was made available to the public in advance of the public hearing(s). The Plan will be made available to the public via the DC Register Notice of Public Hearing and through the OSSE website, the DC Child Care Connections website and copies will be available at OSSE and the two service locations for DC Child Care Connections, the child care resource and referral agency for the state.

- f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All information received will be reviewed by OSSE and considered in the development of the final Plan.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)).

- a) Provide the website link to where the plan, any plan amendments, and/or waivers are available. <https://osse.dc.gov/>
- b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.
- ✓ Working with advisory committees. Describe: The State Early Childhood Development Coordinating Council and the committee members receive regular updates on the development of the State Plan and any amendments made to the plan.
 - ✓ Working with child care resource and referral agencies. Describe: The District's Child Care and Resource Referral Center, DC Child Care Connections, published the Notice of Public hearing and the availability of the electronic version of the state plan for the public to review on its website at <http://dcchildcareconnections.org>. A hard copy of the plan and the Notice were also available at the CCR&R sites.
 - ✓ Providing translation in other languages. Describe: The District of Columbia offers interpretation services to individuals seeking to access or participate in the public hearings or receive a translation of the CCDF State Plan Summary.
 - ✓ Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: OSSE's Division of Early Learning Community Liaison distributed the Notice of Public Hearing and State Plan Summary through all social media channels ([facebook.com/ossedc](https://www.facebook.com/ossedc), twitter.com/ossedc).
 - ✓ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe: Providers and stakeholders in the District of Columbia received the Notice of Public Hearing and State Plan Summary through our monthly electronic news bulletin, through our CCR&R, Quality Improvement Network hub agencies and the Capital Quality Community of Practice meetings
Other. Describe:

1.4 Coordination With Partners To Expand Accessibility and Continuity of Care

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

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

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

Include in the descriptions the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school; enhancing and aligning the quality of services; linking comprehensive services to children in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

- ✓ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process: The Office of the State Superintendent of Education (OSSE), the lead agency, works closely with the Mayor and the City Council to ensure that policies, financing and coordination are in place to provide full-day, full-year comprehensive services for young children, especially those most vulnerable. This is evidenced through our Universal Pre-K Enhancement and Expansion program for three and four year old children and the Quality Improvement Network, DC's Early Head Start Child Care Partnership grant and the Mayor's Access to Quality Child Care Fund that supports increasing the supply of infant and toddler care, improving credentials of the early care and education workforce and increasing efficiency and coordination in the licensing of child development facilities.
- ✓ (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals and process: The State Superintendent of Education at OSSE serves as Co-Chair for the State Early Childhood Development Coordinating Council (SECDCC). The SECDCC meets six times a year. There are six SECDCC committees that each meet quarterly and provide updates and make policy and practice recommendations to the SECDCC. The functions of the SECDCC include the following: assist in the planning and development of a comprehensive early childhood education system that serves children from birth to eight years of age; improve school readiness; and comply with the Improving Head Start for School Readiness Act of 2007. The vision of the SECDCC is that "all young children and families in the District of Columbia receive the necessary supports and services from birth to age eight to be ready to learn and develop successfully." The mission of the SECDCC is to "support and advocate for policies and practices to ensure a comprehensive early childhood education and development system for infants, toddlers, and young children by improving collaboration and coordination among

agencies and community partners in the District of Columbia, in order for all children and families to thrive. The following goals drive the District's system-building work: all district children, birth through age eight, will develop in comprehensive and enriching environments; all families of children, birth through age eight, are linked to opportunities and resources that strengthen their role as parents; professionals working with young children have the knowledge, skills, and supports to work effectively with and on behalf of children and families; and all communities (neighborhoods in all wards of the District of Columbia) are safe places where resources are available to help children and families thrive.

✓ Does the Lead Agency have official representation and a decision-making role in the State Advisory Council (or similar coordinating body)?

No

Yes

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

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

✓ (REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe the coordination goals and process: Part C for infants and toddlers and Part B 619 are administered through OSSE's Division of Early Learning. The Part C Coordinator, the local Part C Director and the Part B 619 Coordinator meet regularly with the child care administrator and actively participate in the work of the SECDCC committees. Part C Early intervention services are delivered using the Natural Learning Environment Practices (NLEP) framework. The Part C and Part B Child Find teams visit child care settings share information about the referral process, provide training and supports regarding screenings to identify children with developmental delays. The goal of Part C early intervention services in the District is to build the capacity of parents and caregivers to help their child learn and develop through participation in everyday activities. Strong Start is working closely with child development facilities to increase participation of teachers and caregivers in the implementation of Individual Family Service Plan (IFSP) goals and strategies.

✓ (REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: The Office of the State Superintendent of Education Division of Early Learning (DEL) houses DC's Head Start State Collaboration Office (HSSCO) and the DEL Deputy Assistant Superintendent of Early Learning serves as the Head Start State Collaboration Director. The HSSCO liaises between our federal partners, the DC Head Start Association (DCHSA), and local Head Start (HS), and Early Head Start (EHS) programs. The HSSCO helps support ongoing collaboration on crucial issues, such as family and community engagement,

continuity of care for children, comprehensive services and supports, and ongoing professional development (PD) for early learning professionals. Local funding supports the provision of comprehensive services.

- ✓ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: The Deputy Director of the Department of Health (DOH) serves as co-chair of the Health and Wellness Committee of the SECDCC and the director of home visitation services serves on the Quality Improvement Network Interagency Steering Committee. DOH leadership were key contributors to the development of DC's Early Childhood System Approach to Early Childhood Health, Development, Education and Well-being. Additionally, OSSE is developing a data sharing agreement with DOH to share and use data from the childhood immunization data system and the Women Infants and Children's Program to enhance coordination and alignment of state services and supports.
- ✓ (REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process: The Office of the State Superintendent of Education (OSSE) and the Department of Employment Services (DOES) have a shared goal to ensure that low income families with young children who are seeking job assistance and employment opportunities have access to child care vouchers. We are exploring the opportunity to co-locate child care eligibility specialists at American Job Centers (AJC) or delegating staff at the AJCs to determine the eligibility of families to receive child care and then sending the information to DHS who would generate a voucher for the family. The lead agency will meet with leadership at DOES to discuss the feasibility of implementing this during the 2019-2021 CCDF Plan period. Based on stakeholder input received, OSSE will explore coordination goals with the DOES around workforce development opportunities for early childhood including training and apprenticeship programs.
- ✓ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK). Describe the coordination goals and process: The OSSE is the state agency responsible for public education. The District uses a mixed-delivery system to provide pre-K education services, which includes traditional public schools, public charter schools, and publicly funded community-based organizations (CBOs). Through substantial investments in pre-K, DC has advanced its efforts to increase program quality and accountability to improve social and emotional development and school readiness. Some of the strategies used to enhance pre-K quality include 1) offering district-wide professional development opportunities for early childhood educators and leaders; 2) allocating funding to improve access to and support for extended hour care and quality programming; 3) Administering the collection of the Early Development Instrument (EDI) for all Pre-K 4 students across the District. This data is used by cross sector stakeholders to inform planning, targeted supports and community engagement.

- ✓ (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process: OSSE is the lead agency for licensing. Our goal is to ensure the health, safety and positive development of children. The Director of Licensing works closely with the Directors of the Quality Initiatives Unit, Early Intervention Unit, Policy, Planning and Research Unit and the Operations and Management Unit to ensure child development providers have access to the supports and training they need to address facility and workforce deficiencies.
- ✓ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: The CACFP program is administered through OSSE's Health and Wellness Division. The Assistant Superintendents of Health and Wellness and Early Learning meet regularly with their teams to ensure increased participation of child care programs in the CACFP program and other health and nutrition activities. The District of Columbia's child care licensing regulations require licensed child development providers to ensure that planned daily menus, and the foods that are actually served by the facility, are varied, suitable to the ages and developmental levels of the children, and consistent with the meal pattern requirements and nutrition standards specified by the Child and Adult Care Food Program (CACFP). Coordination efforts include joint trainings and webinars from WIC's Breastfeeding Coordinator that provide detailed information on the benefits of WIC for families and guidance to help child development centers and homes promote WIC and breastfeeding to the families they serve. The two divisions also developed a webinar on CACFP's updated infant meal patterns and its emphasis on breastfeeding support within child development facilities as a way to provide nutrition to infants. OSSE is also launching the Healthy Tots Wellness Challenge, a new effort to promote the Healthy Tots Wellness Guidelines. The Challenge will engage participants in a series of exciting challenges, bringing awareness to the six Healthy Tots early childhood education facility wellness topic areas. This includes the following: 1) providing effective nutrition and healthy eating education; 2) serving tasty, healthy meals; 3) promoting physical activity; 4) enhancing facility environmental sustainability; 5) ensuring wellness professional development for staff; and 6) partnering with families to promote wellness.
- ✓ (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals and process: OSSE provides training to McKinney-Vento homeless liaisons and registrars in local education agencies (LEAs) to create awareness and eliminate barriers. OSSE partners with a variety of agencies serving families experiencing homelessness in order to facilitate the timely provision of child care and educational support. OSSE has partnership agreements with the Child and Family Services Agency via its contractor The Community Partnership for the Prevention of Homelessness

(TCP), the DC Department of Human Services (DHS), and Local Education Agencies (LEAs). TCP coordinates the District of Columbia's integrated system of care, including prevention services, street outreach efforts, emergency shelter, transitional housing, and permanent supportive housing for individuals and families experiencing homelessness. Over the next three years, OSSE will expand our efforts to ensure that children and families experiencing homelessness will have access to early learning opportunities, including public preschool programs. Through its role on the Interagency Council on Homelessness, OSSE works with its partners to implement a system of standardized access and assessment to ensure that appropriate educational services and supports are implemented in a timely manner, and to minimize barriers to enrollment.

- ✓ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process:
The Department of Human Services (DHS) is the lead agency for TANF. OSSE is a key partner with DHS on its revamped two generation (2Gen) approach to TANF. The new policy will focus on the enrichment, security and well-being of children, cash income to a household, and supporting parents through meaningful engagement in education and employment activities. The Administrator and the Deputy Administrator for the Economic Security Administration at DHS participate in OSSE's monthly Quality Improvement Network Interagency Steering Committee meetings. DHS and OSSE worked closely to align our child care and TANF eligibility policies and we have a shared goal of developing policies and financing strategies that ensure our most vulnerable children have access to continuous, comprehensive high-quality child care.
- ✓ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process: The Department of Health Care Finance works closely with the lead agency through the SECDCC and the Quality Improvement Network Interagency Steering Committee. DHCF was also a key contributor to the development of the District's Early Childhood System Approach to Child Health, Development, Education and Well-being.
- ✓ (REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process: The Lead Agency has a Memorandum of Understanding (MOU) with the Department of Behavioral Health (DBH) to provide a research based mental health consultation model in child development centers and homes. The model used increases coordination for mental health services; liaises with staff to ensure the implementation of prevention, identification, and referral activities; trains staff and families; and provides targeted help to individual children and families in the child care partners participating in the EHS-CCP program, Head Start and other early learning programs. OSSE partners with DBH on its SAMSA funded initiative, DC Social Emotional and Early Development (DC SEED) project. This grant will support the expansion and implementation of early childhood-specific

evidence-based and promising practices (including child-parent psychotherapy, parent child interaction therapy, and strengthening family coping resources). The grant will allow DBH to address the unmet behavioral health needs of young children, birth to 6 years old who are at risk for or diagnosed with serious emotional disturbance (SED) and their families.

- ✓ (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process: DC Child Care Connections, the child care resource and referral agency for the District, supports the lead agency with consumer education including helping families find child care that meets their needs through My Child Care DC, provides linkages to other state agencies and resources for families and providers, conducts outreach in the community, manages the state professional development including the Training Approval Program (TAP) and works collaboratively with the other grantees funded through the lead agency to leverage their expertise and support. All lead agency grantees meet monthly to share best practices, discuss challenges and problem solve solutions. DC Child Care Connections is a critical connector of all of this work. We also co-locate the TEACH program at one of the child care resource and referral service centers.
- ✓ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: The Lead Agency partners with the Deputy Mayor of Education's Out of School Time initiative and OSSE's 21st Century after school program to coordinate and leverage resources and supports to make out of school time opportunities available to our most vulnerable students.
- ✓ (REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process: The agency responsible for emergency management in the District of Columbia is Homeland Security and Emergency Management Agency (HSEMA). OSSE worked closely with HSEMA in the development of our statewide child care disaster and response plan and continues to meet annually to update the plan. Our shared goal is to ensure the health and safety of all children and staff in the event of an emergency or disaster and to support reunification and recovery as quickly as possible.

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

- ✓ State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: The Lead Agency is one of eight state-level funded Early Head Start Child Care Partnership grantees. We leveraged this federal opportunity to create the Quality Improvement Network (QIN). The QIN has three hub agencies that support a

network of 17 child development centers and 14 child development homes in achieving and maintaining Early Head Start standards.

- ✓ State/territory institutions for higher education, including community colleges. Describe: OSSE/DEL is an active member of the Higher Education Early Childhood Collaborative. This group meets quarterly and is charged with ensuring supports for higher education degree attainment.
 - ✓ Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: OSSE coordinates closely with the Deputy Mayor of Education's Out of School time initiative and the 21st Century after school program administered by OSSE K-12 Systems and Supports Division.
 - ✓ State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: OSSE works closely with the Maternal and Child Home Visitation program through the QIN Interagency Steering Committee and the DBH DC SEED grant. We share resource and professional development information.
 - ✓ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe: OSSE works closely with the Department of Health Care Finance on outreach, engagement and professional development regarding EPSDT.
 - ✓ State/territory agency responsible for child welfare. Describe: OSSE works closely with Child and Family Services on child abuse prevention and awareness trainings for child development staff, background checks for child development staff, coordination and referral for child care subsidy, engagement and linkages to early intervention services and CFSA serves on the QIN Interagency Steering Committee.
 - State/territory liaison for military child care programs. Describe: N/A
 - ✓ Provider groups or associations. Describe: OSSE meets at least twice a year with members of the provider association groups including the DC Early Learning Collaborative, the DC Head Start Association, the DC Family Child Care Association, and the DC Association for the Education of Young Children.
 - ✓ Parent groups or organizations. Describe: The lead agency meets monthly with the QIN Policy Council, comprised of 30 parent representatives.
- Other. Describe:

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

Optional Use of Combined Funds: States and territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for children and families to allow for the delivery of

comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between the Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No.

✓ Yes. If yes, describe at a minimum:

- a) How you define “combine” OSSE layers CCDF funding with local pre-k enhancement dollars to ensure children that are eligible receive a full day of care. The pre-k enhancement supplements, not supplants, the CCDF funds.
- b) Which funds you will combine CCDF funds and locally appropriated District funds.
- c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations Pre-K enhancement funds cover 6.5 hours of the day, and CCDF funds are layered to ensure a full day of care.
- d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level? CCDF and locally appropriated pre-k enhancement funds are layered to ensure a full day of care.
- e) How are the funds tracked and method of oversight Funds are tracked using the District’s accounting system of record for CCDF funds, as well as the Lead Agency’s Enterprise Grant Management System for allocated pre-k enhancement funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY)

(98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

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

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

- N/A—The territory is not required to meet CCDF matching and MOE requirements
- ✓ Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
 - ✓ If checked, identify the source of funds: Locally appropriated District funds
 - ✓ If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ The FY18 locally appropriated child care subsidy budget is \$55,849,629, which is sufficient to meet CCDF matching and MOE requirements. OSSE does not anticipate any reductions to the locally appropriated budget in future years.

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

If checked, are those funds:

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

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

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

- State expenditures for pre-K programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent):

- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:
- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$

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

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

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

No

- ✓ Yes

Describe the Lead Agency efforts to ensure that pre-K programs meet the needs of working parents: The pre-k program administered by the Lead Agency includes before and after school programming for working families. Additionally, the Lead Agency works with LEAs and community based organizations to support them in accessing subsidized child care funding to support before and after school programming.

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

- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:
- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$

1.6 Public-Private Partnerships

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

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

these partnerships (98.16(d)(2)). OSSE is partnering with the Bainum Family Foundation to improve outcomes for our state's most vulnerable children and their families. Our partnership focuses on improving the quality of child development facilities, authentically engaging families, enhancing the availability and use of data to inform policy and planning and increasing the supply of infant and toddler care across the District. OSSE and Bainum have been in partnership since 2015. Through this partnership we have launched a shared services web-based platform for all licensed child development providers, conducted a child care supply and demand study, expanded and evaluated the Quality Improvement Network, provided in-depth and targeted technical assistance and training for providers and OSSE grantee partners and deepened our capacity for analyzing, using and visualizing data to inform policies and planning. To date the Foundation has invested nearly \$20 million in birth to three improvements in the District of Columbia.

Through the Early Head Start Child Care Partnership grant, OSSE established the Quality Improvement Network (QIN), a public private partnership with three neighborhood based "hubs" that provide quality services and supports to a network of child development centers and homes. This model uses Early Head Start Program Performance Standards to increase the supply of high-quality infant and toddler care in the District. To achieve the goal of enhancing young children's school readiness, the QIN sites provide comprehensive services to promote the overall health, development, and well-being of infants and toddlers and their families.

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

OSSE is also an active member of the Regional Early Care and Education Workforce Implementation Network which is funded by the Early Care and Education Funders Collaborative and supported through the Washington Area Women's Foundation. This Network was formed in 2016 as part of the National Academies Implementation Network. The partners include representatives from the District of Columbia, Prince Georges County, MD, Montgomery County, MD and counties in Northern Virginia who are working together to map competency-based career pathways that are linked to quality and compensation

and can be used across the region. This work has two primary deliverables 1) develop a career pathways document that is based on existing early care and education (ECE) professional credential/knowledge/competency frameworks in the region that establish a practical and common set of quality standards for competencies at different levels, including suggested compensation levels, that are linked to identified competencies and 2) develop a blueprint for an implementation mechanism that assesses and verifies competencies among the region's ECE professionals according to the competency levels defined in the career pathways document and that establishes suggested compensation levels that correspond to the certification/credential.

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

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

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use section 7.6 to address how quality set-aside funds, if applicable, are used to support a statewide CCR&R system.

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

No. The state/territory does not fund a CCR&R system and has no plans to establish one.

Yes. The state/territory funds a CCR&R system. If yes, describe the following:

a) What services are provided through the CCR&R system? The Office of the State Superintendent of Education (OSSE), Division of Early Learning, contracts with a local organization to provide Child Care Resource and Referral (CCR&R) services. DC Child Care Connections, the local CCR&R, helps families identify and select child care, understand child development, provide information about the quality of licensed early childhood programs, develops resources to help families understand program quality, provides valuable resources, such as, a lending library and supports providers by providing professional development and technical assistance. The CCR&R regularly attends community events to provide information and resources to parents, families and child care providers throughout the District. The CCR&R supports families who need child care resources via telephone, in-person and through an online searchable database. The CCR&R also coordinates with the Teacher Education and Compensation Helps (T.E.A.C.H.) grant program to support ECE educators seeking higher education degrees. DC Child Care Connections continues to build a network of public and private agencies that work collaboratively to deliver high-quality services and supports to families seeking child care, including parent education and outreach and resources and supports for child development providers including scholarship funding, professional development and technical assistance. Additionally, OSSE develops grants, MOUs and contracts with public and private agencies that provide scholarships for Child Development Associates (CDAs) and T.E.A.C.H. scholarships to support professionals that work in DC child development centers and homes in obtaining early childhood degrees. OSSE's Part C program provides consultation and technical assistance as needed to child development facilities.

b) How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated. DC Child Care Connections serves the entire geographic area of the state. The grantee was selected through a competitive grant process in which a panel of experts reviewed applications and selected the application that best fit the needs and context of DC. The CCR&R has two walk-in service centers in easily accessible locations in the District. Through their accessibility to the public, the CCR&R works to connect with organizations, DC public agencies, other grantees and the community with the services they need. The CCR&R attends various stakeholder meetings and participates in providing feedback based on their knowledge and experience of DC and the needs of the community. Through their network, CCR&R offers one-on-one technical assistance to both providers and families in order to meet their needs. Additionally, CCR&R attends and participates in various meetings, including a monthly grantee meeting with

other OSSE grantees to share resources and information across programs and initiatives.

1.8 Disaster Preparedness and Response Plan

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

- 1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body: The Child Care Disaster Plan (CCDP) is coordinated with agencies and contractors utilizing the District of Columbia’s Joint All Hazards Operations Center (JAHOC) and Emergency Operations Center managed by HSEMA under the direction of the Mayor. Coordination with the agencies and contractors is also outlined in section XI Coordination with Agencies and Contractors of OSSE’s CCDP which clearly defines the “Role of Partner Agencies , Role of Contractors and Community-Based Organizations”, and recovery efforts. For example, request for Family Reunification will be managed at the level of the JAHOC and EOC where agencies such as DOH manage and activate coordinated by priority for multiple agencies as needed.
- 1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency’s guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster: The CCDP has comprehensive guidelines for the continuation of child care services that can be found in section X. Impact Assessment and Response Coordination, XI. Coordination with Agencies and Contractors, and XII Recovery and Recertification of the plan. These sections illustrate clearly the pre-disaster or post disaster process as well as requirements of providers in any stage of a disaster event. For example, post disaster child care providers are mandated to complete a post disaster assessment as part of the recovery efforts to properly classify the status of their facility and operations before resuming normal operations; should normal operations never be achieved this trigger a review of temporary placement and/or provisions based on how impaired the operations are.

- 1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services: Recovery procedures are found in section XII Recovery and Recertification. Here the focus is ensuring that impacted families maintain their child care, monitoring of contingency sites, and tracking operational status of impacted providers.
- 1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions: As part of the overall licensing process all providers (CCDF and Non-CCDF) are mandated to have ERP’s and COOP plans in place that’s annually reviewed and approved by our partner agencies like the DC Fire Prevention Division, Office of Risk Management, and/or HSEMA COOP division. Each provider’s plan addresses the need to provide assistance to children whether impacted with a disability or just to young to understand emergency evacuation procedures such as children 2 ½ years old and younger.
- 1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii): As part of the overall licensing process all providers (CCDF and Non-CCDF) are mandated to have ERP’s and COOP plans in place that are annually reviewed and approved by our partner agencies like the DC Fire Prevention Division, Office of Risk Management, and/or HSEMA COOP division. Each providers plan addresses the need to provide assistance to children whether impacted with a disability or just too young to understand emergency evacuation procedures such as children 2 ½ years old and younger. Emergency preparedness training is provided using a combination of resources such as HSEMA training tracker, DC Fire Prevention Division, and their providers complementing their own functionality exercises submitted for review to the Lead Agency on an annual basis.
- 1.8.6 Provide the link to the website where the statewide child care disaster plan is available: The District ACF Amendment/Revision2, approved on April 3, 2018 includes an approved waiver for Section 1.8 Disaster Preparedness and Response Plan, with a targeted implementation/completion date of September 30, 2018.

2 Promote Family Engagement Through Outreach and Consumer Education

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

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

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

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

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

- 2.1.1 Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language: OSSE staff and grantees are required and trained to use the Language Access line to respond to the calls/needs of the families for whom English is not their first language. OSSE staff and grantees translate relevant program documents (e.g., parent letters, frequently asked questions for parents) in different languages. Interpretation services are also available in parent meetings, such as the Quality Improvement Network (QIN) Policy Council meetings and other events such as college fairs. Families can also access My Child Care DC, an online resource that provides

meaningful information about child care in DC. The My Child Care DC website can be accessed in Spanish as well. DC Child Care Connections, DC's child care resource and referral, provides translation services to families for whom English is not their first language. In addition to providing translation services, they also have a staff member who speaks both English and Spanish fluently to provide direct one-on-one support.

- 2.1.2 Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability: OSSE partners with the Rehabilitation Services Administration (RSA), Department on Disability Services (DDS) that provides a variety of support services to enable disabled adults to prepare for, receive and maintain employment or improve life skills. In addition, one of the eligibility requirements for the subsidized child care program is children of adults with disabilities. Children of adults with disabilities are given a priority. The Department of Human Services Child Care Services Division (DHS CCSD) and authorized Level II child development facilities support eligible families with a person(s) with a disability. The DC Child Care Connections also directs person(s) with a disability to the appropriate services available in the District. Lastly, customer service sites are accessible and compliant with the Americans with Disabilities Act (ADA) requirements.

2.2 Parental Complaint Process

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

- 2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: OSSE maintains a complaint hotline (202-727-2993) for parents to report issues with providers. Complaints can also be emailed to OSSE.ChildcareComplaints@dc.gov or faxed to the Licensing and Compliance Unit (LCU) at (202) 727-7295 (<https://osse.dc.gov/service/early-learning-complaints-and-unusual-incident-reporting>).
- 2.2.2 Describe the Lead Agency's process for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring: OSSE reviews all complaints about licensing violations of CCDF providers (subsidy providers) and determines the level of severity of the complaints. A Level I complaint is defined as a health or safety violation which requires the assistance of law enforcement, Child Protective Services (CPS) or an immediate OSSE response. A Level II complaint is defined as a health or safety violation which may pose a serious health risk to children. A Level III complaint is defined as a violation which does not pose a serious or immediate

health risk to children. OSSE responds to Level I complaints within 24 hours, Level II Complaints within two (2) business days and Level III Complaints within three (3) business days of the receipt of the complaint. 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 subsidy agreement contracts. Complaints are determined to be substantiated through OSSE's complaints and investigations team. OSSE's licensing team monitors the complaints to ensure that they are being investigated and addressed.

- 2.2.3 Describe the Lead Agency's process for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring: OSSE reviews all complaints about licensing violations of non-CCDF providers (non-subsidy) and determines the level of severity of the complaints. A Level I complaint is defined as a health or safety violation which requires the assistance of law enforcement, Child Protective Services (CPS) or an immediate OSSE response. A Level II complaint is defined as a health or safety violation which may pose a serious health risk to children. A Level III complaint is defined as a violation which does not pose a serious or immediate health risk to children. OSSE responds to Level I complaints within 24 hours, Level II Complaints within two (2) business days and Level III Complaints within three (3) business days of the receipt of the complaint. 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. Complaints are determined to be substantiated through OSSE's complaints and investigations team. OSSE's licensing team monitors the complaints to ensure that they are being investigated and addressed.
- 2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints: OSSE maintains a record of all complaints, including parental complaints (both substantiated and unsubstantiated) about providers. These complaints are stored in the current licensing database system. Substantiated complaints are filed by date and made available to the public via the Freedom of Information Act request procedure. Substantiated complaints records are maintained for a period of three years.
- 2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: 1.1.1 Substantiated complaints, including substantiated parental complaints since Oct. 1, 2017 can be found on My Child Care DC, DC's consumer-facing website at <http://childcareconnections.osse.dc.gov/>.

2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information,

monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved are considered substantial changes and CCDF Plan Amendments will be required.

- 2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible: My Child Care DC is a consumer-friendly website that helps families find and compare child care options. It allows families to search center-based and home-based child development providers by distance from a particular address or zip code. Results can be filtered by operating hours, type of facility, age range of students served and quality improvement ratings. The website also specifies which child development providers accept vouchers and participate in the Child and Adult Care Food Program (CACFP). The website includes a detailed, easy-to-read provider profile that consists of inspection reports, capacity, licensing information, accreditation and substantiated complaints. The My Child Care DC is easily accessible in the OSSE, DC Child Care Connections and the Thrive by Five websites.

OSSE conducted a full self-assessment of the My Child Care DC website, based on the State and Territory Child Care Consumer Education Websites: Self-Assessment Checklist from the Administration for Child and Families (ACF). An action plan has been established to ensure the website is consumer friendly and easily accessible.

- 2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): Families that speak languages other than English can access the website and can call (202) 829-2500 for free interpreter assistance. Languages offered include Amharic, Chinese, French, Korean, Spanish and Vietnamese (<http://childcareconnections.osse.dc.gov/MyChildCare/ContactUs>).
- 2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: The Office of the State Superintendent of Education (OSSE) partners with the DC Child Care Connections (<http://dcchildcareconnections.org/>). This is a child care resource and referral agency that can assist parents and families, including persons with disabilities, with questions about child care.

- 2.3.4 Lead Agency processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a

description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6: <https://osse.dc.gov/page/licensing-process-child-care-providers>

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

- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2: <https://osse.dc.gov/node/1192316>

Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.6: <https://osse.dc.gov/node/1192307>

2.3.5 List of providers

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

- a) Provide the website link to the searchable list of child care providers:
<http://childcareconnections.osse.dc.gov/>
- b) Which providers are included in the searchable list of child care providers:
- ✓ Licensed CCDF providers
 - ✓ Licensed non-CCDF providers
 - License-exempt center-based CCDF providers
 - License-exempt family child care (FCC) CCDF providers
 - License-exempt non-CCDF providers
 - Relative CCDF child care providers
 - Other. Describe:

- c) Describe what information is available in the search results. Specify if the information is different for different types of providers: Information available on the website includes licensed providers' operating hours, type of facility, age range of students served and quality improvement ratings (gold, silver, bronze). The site specifies which providers accept vouchers and those that participate in the Child and Adult Care Food Program (CACFP). Each provider has the same information that includes a detailed, easy-to-read provider profile that consists of inspection reports, capacity, licensing information, accreditation and substantiated complaints.

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

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

- ✓ Quality rating and improvement system
- ✓ National accreditation
 - Enhanced licensing system
 - Meeting Head Start/Early Head Start requirements
 - Meeting prekindergarten quality requirements
 - Other. Describe:

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

- ✓ Licensed CCDF providers. Describe the quality information: All licensed CCDF providers (subsidy providers), including centers, family child care homes and expanded child care homes, are required to participate in Capital Quality, DC's redesigned Quality Rating and Improvement System.
- ✓ Licensed non-CCDF providers. Describe the quality information: All licensed non-CCDF providers (non-subsidy providers), including centers, family child care homes and expanded child care homes, are welcome to participate in Capital Quality, DC's redesigned Quality Rating and Improvement System.
 - License-exempt center-based CCDF providers. Describe the quality information:
 - License-exempt FCC CCDF providers. Describe the quality information:
 - License-exempt non-CCDF providers. Describe the quality information:
 - Relative child care providers. Describe the quality information:
- ✓ Other. Describe: Any licensed child development facility can voluntarily participate in the District's refined QRIS system, Capital Quality.

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated

complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available.

Certify by describing:

a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a sample report and summary. The child care provider monitoring and inspection process is available online in visual and plain language (https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/Monitoring%20and%20Inspection%20Process.pdf). By Sept. 2018, the monitoring and inspection reports will be in plain language, and a sample report and summary will be available on the OSSE website. .

b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries. A statement of deficiency (SOD) is issued after each monitoring and inspection which is explained and discussed with the provider during the inspection exit conference. The SOD includes the following:

- The date of the visit, the type of visit, and the start and end times for the visit
- The Child Development Facility Regulations 5A DCMR Chapter 1
- The regulation number and subsection(s), if applicable
- The regulation(s) that is out of compliance
- A plan of correction to abate the deficiency cited
- A specific abatement period not to exceed thirty (30) days, except circumstances that present imminent danger to the health, safety and welfare of children, adults or the general public which requires immediate abatement.

After the review of the monitoring and inspection report, the provider acknowledges receipt and agreement with the deficiencies cited, which are then uploaded into the licensing database. The provider has up to thirty (30) days from the date of the citation to abate the deficiency. The provider reserves the right to disagree with the report or portions of the report and can state objections on the acknowledgement form. They can dispute the monitoring and inspection report in writing to the licensing program manager or director and request a review of the inspection report.

The monitoring and inspection reports are not displayed on the website until a follow-up inspection is conducted to determine the status of the areas of non-compliance cited.

c) The process for correcting inaccuracies in reports. The licensing program manager or director reviews each inspection report for accuracy, completeness, comprehensiveness and consistency. All inaccuracies identified are immediately

flagged and corrected. The provider is notified of any inaccuracies identified, and a corrected SOD is issued to the provider. The provider is given a detailed explanation of the inaccuracy and acknowledges receipt and agreement with the corrected SOD. The licensing database is corrected to reflect the changes on the corrected SOD.

- d) The process for providers to appeal the findings in the reports, including the time requirements. Providers have the right to dispute the monitoring and inspection report in writing to the director of licensing and request a review of the inspection report. The request must be made within five (5) days of the inspection completion date. If the provider disagrees with the non-compliance citation, they can refuse to sign the SOD and state their disagreement with the report or portions of the report on the provider acknowledgement form. They can also attach documentation to support their objection and/or disagreement to the report. The program manager reviews the appeal and the documentation presented and forwards the appeal and all relevant inspection documents to the director of licensing for review. The director of licensing reviews the appeal and inspection documents, interviews the provider, licensing specialist and program manager as needed, consults with the Office of the General Counsel and makes a determination to allow or disallow the appeal. The decision is communicated in writing to the provider with fifteen (15) days of the appeal filing. If the provider is not satisfied with the determination of the director of licensing, they can further request a final review within five (5) days of the appeal decision to the Assistant Superintendent for Early Learning, whose decision is considered final.
- e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe. Reports are posted upon final completion of the monitoring and inspection, including the resolution of all appeals. The timeframe is approximately thirty (30) days of the inspection completion date.
- f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv)). OSSE will retain reports for up to three (3) years, beginning with the first year's reports that became available Oct. 1, 2017
- g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years). The District has not adopted a uniform policy for the removal of reports but we will work with the Lead Agency's Chief Technology Officer to assist with addressing this activity.
- h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

License-exempt non-CCDF providers

Relative child care providers

Other. Describe:

- 2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. The information on serious injuries and deaths should be organized by category of

care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status.

Certify by providing:

- a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. Any facility staff member who knows or has reasonable cause to suspect that an enrolled child is, has been, or is in immediate danger of being an abused or neglected child shall, as required by the District of Columbia Prevention of Child Abuse and Neglect Act of 1977, effective Sept. 23, 1977 (D.C. Law 2-22, D.C. Official Code §§ 4- 1321.01 et seq.), make or cause to be made an immediate oral report to the Child Protective Services Division of the Child and Family Services Agency (CFSA), via the CFSA twenty-four (24) hour Child Abuse and Neglect Hotline (202-671-SAFE) or the Metropolitan Police Department. The entity then submits a report of any serious injury or deaths of children to OSSE via OSSE.childcarecomplaints@dc.gov.
 - b) The definition of “substantiated child abuse” used by the Lead Agency for this requirement. The term “physical injury” means bodily harm greater than transient pain or minor temporary marks. The term “mental injury” means harm to a child’s psychological or intellectual functioning, which may be exhibited by severe anxiety, depression, withdrawal or outwardly aggressive behavior, or a combination of those behaviors and which may be demonstrated by a change in behavior, emotional response or cognition. The term “abused” when used with reference to a child means, “infliction of physical or mental injury upon a child.”
 - c) The definition of “serious injury” used by the Lead Agency for this requirement. Any injury that requires medical attention.
 - d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted. Aggregated information about child deaths and serious injuries are currently posted on the My Child Care DC website (<http://childcareconnections.osse.dc.gov/MyChildCare/AggregateData/2611/0>). By Sept. 2018, this information will be provided by facility type and will also include substantiated instances of child abuse.
- 2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: OSSE provides the contact information of the DC Child Care Connections, the child care resource and referral agency, on our consumer-facing website My Child Care DC (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>).
- 2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information: Parents can contact OSSE staff and the DC Child Care Connections to better

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

- 2.3.11 Provide the website link to the Lead Agency's consumer education website.

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

2.4 National Website and Hotline

The CCDBG Act of 2014 required the U.S. Department of Health and Human Services to establish a national website at ChildCare.gov, which includes a ZIP Code-based search of available child care providers, provider-specific information about the quality of care and health and safety compliance, referrals to local CCR&R organizations, and information about child care subsidy programs and other financial supports available to families (658L(b)). Lead Agencies must also provide a description of how they will respond to complaints submitted through the national website and hotline (98.16(hh)).

- 2.4.1 Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers. OSSE reviews all complaints about licensing violations of CCDF and non-CCDF providers (subsidy and non-subsidy providers) and determines the level of severity of the complaints. This includes complaints submitted through the national website and hotline. A Level I complaint is defined as a health or safety violation which requires the assistance of law enforcement, Child Protective Services (CPS) or an immediate OSSE response. A Level II complaint is defined as a health or safety violation which may pose a serious health risk to children. A Level III complaint is defined as a violation which does not pose a serious or immediate health risk to children. OSSE responds to Level I complaints within 24 hours, Level II Complaints within two (2) business days and Level III Complaints within three (3) business days of the receipt of the complaint. 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 subsidy agreement contracts. Complaints are determined to be substantiated through OSSE's complaints and investigations team.
- 2.4.2 Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline. OSSE's compliance and investigations team receive and respond to all complaints.

2.5 Additional Consumer and Provider Education

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

In questions 2.5.1 through 2.5.4, certify by describing:

- 2.5.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. In addition to providing information through the My Child Care DC website, the DC Child Care Connections supports families in identifying programs and resources that best meet their needs. DC Child Care Connections supports this effort via email, telephone and in-person at their two, centrally located, service centers and online through their website at <http://dcchildcareconnections.org/>. Additionally, information can also be found on the Thrive by Five DC website, a one-stop resource center to help District parents and caretakers navigate the city's wide range of early health and learning resources. The Thrive by Five DC website can be accessed at <https://www.thrivebyfivedc.org/>.
- The D.C. Department of Human Services (DHS) Child Care Services Division provides information to families on subsidized child care services in person through scheduled appointments and walk-in sessions. Through the appointments, DHS staff shares information on eligibility requirements (e.g., assessment of need, income and family size) and assists applicants in completing required forms. DHS staff also provides information on resource and referrals for traditional and non-traditional child care services.
- 2.5.2 The partnerships formed to make information about the availability of child care services available to families. OSSE partnered with DC Child Care Connections, DC's child care resource and referral (CCR&R) to help families navigate child care services, programs and supports available in the District. Through their hotline, website, email and in-person service centers, they connect families to child care services and resources that best fit their needs. DC Child Care Connections also helped market the My Care DC which is an online resource for parents and families to access meaningful information about child care in DC at their fingertips. Parents and families can search for licensed child care, browse and compare child care options and learn about helpful early learning resources. DC Child Care Connections also helped market the Thrive by Five DC which is another one-stop online resource center to help District parents and caretakers navigate the city's wide range of early health and learning resources. In addition, family engagement specialists in the Quality Improvement Network connect parents with district agencies that offer family supports and services. Finally, OSSE staff, such as licensing staff and education service monitors, provides information about child care resources available to providers and families.

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

- ✓ Temporary Assistance for Needy Families program: [DC Child Care Connections, DC's child care resource and referral \(CCR&R\) agency, provides information about this program through the partnership with the Department of Human Services \(<http://dcchildcareconnections.org/resources/our-partners/>\)](#), via email, hotline and through walk-in services. As is visible through the website, DC Child Care Connections caters to families, providers and the public. DC Child Care Connections partners with the Department of Human Services, Department of Health, Department of Employment Services, District Ward Advisory Neighborhood Commissions and McKinney Vento. This information is provided to families, providers and the general public through community events, parent workshops, collaboration with other family support services and during in-person visits to the DC Child Care Connections service centers. The information is tailored to the audience based on their needs. In addition OSSE's consumer website, My Child Care DC, provides support through their Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>).
- ✓ Head Start and Early Head Start programs: [OSSE's consumer website, My Child Care DC, provides support through their Parent and Family Resources Page \(<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>\)](#). As is visible through the website, My Child Care DC caters to families, providers and the general public. DC Child Care Connections also provides support through their website, which is linked to My Child Care DC (<http://dcchildcareconnections.org/for-families/find-child-care/>), via email, hotline and through walk-in services. DC Child Care Connections shares information with the DC Head Start Association (DCHSA) and the Early Head Start-Child Care Partnership grant, which funds the Quality Improvement Network (QIN). Information is tailored based on prior knowledge, best practice and current information gathered from the Regional Head Start Office, Head Start grantees and local partners providing services and opportunities for parent involvement and engagement in their child's education. In addition, OSSE's Head Start State Collaboration Director participates in various Early Head Start and Head Start meetings (e.g., DCHSA, QIN) and serves as a liaison between Head Start programs and OSSE.
- ✓ Low Income Home Energy Assistance Program (LIHEAP): [OSSE's consumer website, My Child Care DC, provides support through their Parent and Family Resources Page \(<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>\)](#).

As is visible through the website, My Child Care DC caters to families, providers and the general public to offer energy cost savings to low-income families in the District. Additionally, DC Child Care Connections and their public partner agencies refer families to information regarding energy assistance through the Department of Energy and Environment website. The information is disseminated through consumer education, community events, parent workshops, technical assistance, written material explaining how to access services and collaboration with the other community partners.

- ✓ Supplemental Nutrition Assistance Programs (SNAP) Program: DC Child Care Connections provides support through their website (<http://dcchildcareconnections.org/>), via email, hotline and through walk-in services. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections partners with the Department of Human Services Department of Health, Department of Employment Services to provide consumer education, community events, parent workshops and through collaboration with other family support services. Families obtain information from the service centers or the appropriate District website. The information is tailored based on prior and current knowledge and coordination with local partners.
- ✓ Women, Infants, and Children Program (WIC) program: OSSE's consumer website, My Child Care DC, provides support through their Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). DC Child Care Connections provides support through their partners, listed on their website (<http://dcchildcareconnections.org/resources/our-partners/>), via email, hotline and through walk-in services. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections and its partners refer families who are eligible for WIC to the Department of Human Service and the Department of Health. Information about the WIC program is shared through onsite consumer education, community events, parent and provider outreach, collaboration with other family support services, coaching and technical assistance.
- ✓ Child and Adult Care Food Program (CACFP): DC Child Care Connections provides support by connecting to their partners, via email, hotline and through walk-in services. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections collaborates with the OSSE's Health and Wellness Unit, Department of Agriculture and with home and community-based providers to offer resources and referrals for technical assistance and support. Referrals are provided for technical assistance, professional development, consumer education via the OSSE website and additional support services. Information and support is tailored based on individual requests.

- ✓ Medicaid and Children's Health Insurance Program (CHIP): OSSE's consumer website, My Child Care DC, provides support through their Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). DC Child Care Connections also offers information through their partners, who can be found on their website (<http://dcchildcareconnections.org/resources/our-partners/>), via email, hotline and through walk-in services. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections, supported by Department of Health and the Department of Human Services, provides consumer education, technical assistance and materials. The information is tailored based on families' needs.
- ✓ Programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA) : OSSE's website provides support through their Parent and Family Resources Page (<http://childcareconnections.osse.dc.gov/MyChildCare/HelpfulResources/2605/0>). DC Child Care Connections also offers information through their website (<http://dcchildcareconnections.org/resources/our-partners/> and <http://dcchildcareconnections.org/for-families/children-with-special-needs/>), via email, hotline and through walk-in services. As is visible through the website, DC Child Care Connections caters to families, providers and the general public. DC Child Care Connections and its partners collaborate to offer information and technical assistance to families and providers requesting services. The information is shared through the OSSE website, professional development, community events and print materials. Partners include Early Stages, Strong Start, Department of Behavioral Health, Department of Health and the Department of Human Services. Information and support is tailored based on individual request.

2.5.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information. OSSE shares information on research and best practices concerning children's development and successful parent and family engagement through ongoing in-person and online professional development (<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Professional%20Development%20Course%20Offerings.pdf>), monthly communities of practice (COPs) and webinars for the child development providers participating in Capital Quality (<https://osse.dc.gov/node/1242691>) and Quality Improvement Network meetings. The trainings are tailored to meet the specific needs of the audience. For example, some CoPs are offered on weekends to accommodate the schedule of the home providers. Some

trainings (e.g., Classroom Assessment Scoring System trainings) are offered in different levels – basic, intermediate and advanced, to meet the various levels understanding of the audience. The professional development opportunities are offered by different partners such as the OSSE grantees and other District agencies. Additionally, OSSE develops print and electronic information that is shared with parents and the general public at community events and online.

DC Child Care Connections also shares research and information with parents, providers and the general public through their website and in-person trainings. OSSE also meets quarterly with child development providers to share information and highlight new and existing resources in the community. OSSE hosts an annual early childhood education conference for professionals which includes focused workshops on social and emotional development, family engagement, physical health and development and early childhood development. Professionals can also access OSSE approved trainings through the professional development information system (<https://dcpdis.org/>).

OSSE administered the Early Development Instrument (EDI) to DC schools and community-based organizations. EDI is an internationally recognized, holistic tool that assesses children’s readiness in five domains: physical health and well-being, language and cognitive development, social competence, emotional maturity, and communication skills and general knowledge. Our Children, Our Community, Our Change is a community engagement partnership of Raise DC and OSSE. In addition to the resources available on this website (<http://www.raisedc.org/ourchildren>), Our Children, Our Community, Our Change representatives have spent the past year convening stakeholders throughout the District to use EDI data in their own planning and practices.

- 2.5.5 Describe how information on the Lead Agency’s policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information. Information on the Lead Agency’s policies and expectations regarding social-emotional and behavioral issues and early childhood mental health of children is shared with families, providers and to the general public in various ways. The DCMR 5-A, Chapter 1 licensing regulations indicate that child development staff must complete the following, annual professional development that: (1) Incorporates the knowledge and application of the District’s early learning and developmental guidelines; (2) Promotes the social, emotional, physical and cognitive development of children; and (3) Improves the knowledge and skills of directors, teachers and caregivers in working with children and their families. Additionally, OSSE provides training to providers both in-person and online. OSSE offers trainings, such as the How to Administer the Ages and Stages Questionnaires: Third Edition (ASQ-3) and the Ages and Stages Questionnaires: Social Emotional (ASQ:SE) training and the Preventing Child Abuse

and Bullying training in-person. OSSE also provides additional trainings online, such as the Foundations of Curriculum course, which also covers social-emotional behavior and development. DC Child Care Connections partners with the Department of Behavioral health and links families, providers and the general public to programs and services related to social-emotional and behavioral health. Through the Department of Behavioral Health, families may also access mental health information and consultation services. OSSE partners with organizations to ensure this information is available publicly and participates in fairs, open houses and information sessions for families.

- 2.5.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public. On May 6, 2015, the District of Columbia approved the Pre-K Student Discipline Amendment Act of 2015, published in <http://lims.dccouncil.us/Download/33194/B21-0001-SignedAct.pdf> for families, providers and the general public. The legislation prohibits the suspension or expulsion of a student of pre-Kindergarten age from any publicly funded pre-Kindergarten program, unless a school administrator determines that the student has willfully caused or attempted to cause bodily injury, or threatened serious bodily injury to another person, excluding self-defense. Suspensions must not exceed longer than three (3) days for any individual incident. It establishes annual reporting requirements for each local education agency on suspensions and expulsions data for all grades.

2.6 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA),, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

- 2.6.1 Certify by describing:
- a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)). The DC Department of Health Care Finance is the state agency responsible for the administration of the Medicaid program. The Early and Periodic Screening, Diagnostic

and Treatment (EPSDT) services benefit constitutes the child health component of the Medicaid program. The benefit includes all necessary health care services covered under federal Medicaid law to identify, and then correct or ameliorate, any defects or chronic conditions found in beneficiaries under the age of 21. Families are provided information regarding developmental screenings at various intake sites across the District and on the district websites. The District of Columbia's Early Intervention Program (DC EIP), administered through OSSE, is the single point of entry for infants and toddlers whose families or others have concerns about their development. OSSE's DC EIP provides services through program staff and approved contractors.

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

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

Step 1: Referral

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

Step 2: Determine eligibility

- Determine eligibility using the Battelle Developmental Inventory, the Bayley Developmental Inventory, or the Developmental Assessment of Young Children—Second Edition;
- Eligibility: 25 percent delay in two (2) or more areas, 50 percent delay in one (1) or more areas or diagnosed condition; and
- Conduct optional family assessment plan, and gather information for Individualized Family Services Plan (IFSP).

Step 3: Planning Meeting

- If child is eligible, family identifies desired outcomes, IFSP team specifies early intervention services and develops written plan;
- If child is ineligible: Family receives a thorough explanation of the evaluation results and reasons for ineligibility and provide family with strategies and access to other therapy through their insurer or other community resources.

Step 4: Implement Services

The IFSP will identify the services that best support families to be able help their child participate in everyday routines. Services might include:

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

For children three (3) to five (5) years old, all the information on how to submit a referral for a child not currently enrolled in school is available at <http://www.earlystagesdc.org/>. Once a written referral has been received, the family is contacted for an appointment to bring the child in for an evaluation and eligibility determination. If the child is found eligible for services, an Individual Education Plan (IEP) is developed and the child receives an appropriate placement in a DC Public School (DCPS). If the child is enrolled in a DCPS or public charter school, a referral is made to the special education coordinator, who arranges for the child to receive an evaluation and eligibility determination. In addition to the information provided at the specific sites above, the following brochure describing Part C and Part B services is available on OSSE's website: <http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Comprehensive%20Child%20Find%20Brochure.pdf>

- c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. Same process as listed in 2.6.1 (b)
- d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. Anyone, including parents, guardians, family

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

- e) How child care providers receive this information through training and professional development. Strong Start, DC's Early Intervention Program is an OSSE TAP (Training Approval Program) approved training entity that provides continued education units for early childhood educators in DC on a variety of topics related to early intervention (EI), developmental screenings and EI referrals. In addition, Strong Start has developed and offered a variety of trainings/workshops to increase public awareness of specific topics related to developmental screenings, the EI referral process and other inclusion-based early intervention topics. Monthly trainings are offered and documented in collaboration with the DC Child Care Connections (child care resource and referral), in order to increase child development centers' and community-based organizations' professional development, public awareness and communication. Strong Start has restructured their Community Playgroup partnerships to increase available public awareness opportunities in different wards throughout DC, by establishing a strong partnership with DC Public Library. Included in the Community Playgroup Program is the Child Find Specialists who provide developmental screenings, capacity-building coaching strategies and Strong Start referral information on a monthly basis for various populations of families in different areas of DC. Strong Start has also increased collaboration with community partners to include activities such as professional development, collaboration workgroups, joint parent workshops, program outreach partnerships, screening events and program resources with the following community-based organizations:

- CFSA (Child and Family Services Agency)
- DCPL (DC Public Libraries)
- DBH (Department of Behavioral Health)
- DHS (Department of Human Services)
- Special Olympics DC Young Athletes Program
- DOH (Department of Health, Help Me Grow)
- Early Stages (Part-B) and DC Public Schools
- Child Care Resource and Referral (CCR&R)
- Parent Groups (MOM's Club NW, etc.)
- Children's National Hospital (Other medical clinics)
- Quality Improvement Network (QIN) Hubs
- Homeless Children's Playtime Project
- Various Charter/Private schools
- State Board of Education

- f) Provide the citation for this policy and procedure related to providing information on developmental screenings. a) Federal Regulation: Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq
Section 5A-143 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §143)
<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=5-A1&ChapterId=3842>

2.7 Consumer Statement for Parents Receiving CCDF Funds

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

2.7.1 Certify by describing:

- a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement. Parents receive the consumer statement information through My Child Care DC.
- b) What is included in the statement, including when the consumer statement is provided to families. Families receive the information when they receive their admission form for child care. The My Child Care DC profile is made available to families.
- c) Provide a link to a sample consumer statement or a description if a link is not available. http://childcareconnections.osse.dc.gov/MyChildCare/ProviderProfile/2607/0/F_FacilityId=2030

3 Provide Stable Child Care Financial Assistance to Families

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

procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

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

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

3.1 Eligible Children and Families

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

3.1.1 Eligibility criteria based on a child's age

- a) The CCDF program serves children from 6 weeks (weeks/months/years) to 12 years (through age 12). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?
No
✓ Yes, and the upper age is 18 years (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical or mental incapacity: This group of applicants includes families with a child (or children) who have a disability or special health care needs, and who is up to age 18 years and 11 months. These are children who do not function according to age-appropriate expectations in one or more of the following areas of development: social/emotional, cognitive, communication, perceptual-motor, physical or behavioral development, or who have chronic health care needs
- c) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision (658P(3); 658E(c)(3)(B))?
No
Yes, and the upper age is (may not equal or exceed age 19).

d) How does the Lead Agency define the following eligibility terms?

“residing with”: Reside with parent(s) or guardian(s) who are working or attending a job training or education program or seeking employment or engaging in job search.

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

3.1.2 Eligibility criteria based on reason for care

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

“Working”: This group of applicants includes parent(s) and guardian(s) that are employed for a minimum of 20 hours per week. In a two parent(s) or guardian(s) household, both parent(s) or guardian(s) must work or participate in valid qualifying activity for a minimum for 20 hours per week. The timeframe that child care is requested and the parent(s) or guardian(s) work schedule must match.

“Job training”: This group of applicants attends a training or undergraduate program for a minimum of 20 hours weekly. The applicant may also combine a training or undergraduate program with employment to meet the 20 hour weekly requirement.

“Education”: This group of applicants attends a training or undergraduate program for a minimum of 20 hours weekly. The applicant may also combine a training or undergraduate program with employment to meet the 20 hour weekly requirement

“Attending job training or education” (e.g. number of hours, travel time): 20 hours

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

No. If no, describe the additional work requirements:

- ✓ Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity: Once a child is determined as eligible for receiving child care subsidy assistance, the family or individual will be considered to meet all eligibility requirements for such assistance and will receive assistance for not less than 12 months before re-determining eligibility.

c) Does the Lead Agency consider engaging in a job search or seeking employment an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination (must provide a minimum of 3 months)?

No.

- ✓ Yes. If yes, describe the policy or procedure. Once a child is determined as eligible for receiving child care subsidy assistance, the family or individual will be considered to meet all eligibility requirements for such assistance and will receive assistance for not less than 12 months before re-determining eligibility.

✓

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

No.

✓ Yes. If yes:

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

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

- ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?
 - No
 - ✓ Yes
- iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?
 - No
 - ✓ Yes
- iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?
 - ✓ No
 - Yes

3.1.3 Eligibility criteria based on family income

- a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination? For the purpose of eligibility, the District of Columbia defines "income" as participants entering the program having an income equal to or less than 250 percent of the Federal Poverty Level (FPL) guidelines for their family size and exit the program when income reaches 300 percent of FPL upon the annual 12 month redetermination. Countable income is the portion of the annual gross income of the family unit that is considered in computing the copayment. OSSE will clarify our

eligibility policies by Sept. 2018 to ensure that families cannot become ineligible during the first 12 months unless they reach 85 percent of the State Median Income (SMI).

- b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).
- c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

| | (a) | (b) | (c) | (d) |
|--------------------|-------------------------------|---|---|--|
| Family Size | 100% of SMI (\$/Month) | 85% of SMI (\$/Month) [Multiply (a) by 0.85] | (IF APPLICABLE) (\$/Month) Maximum "Entry" Income Level if Lower Than 85% of Current SMI | (IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI |
| 1 | \$52,236 | \$44,400 | \$30,150 | 58% |
| 2 | \$65,693 | \$55,839 | \$40,600 | 62% |
| 3 | \$81,151 | \$68,978 | \$51,050 | 62% |
| 4 | \$96,608 | \$82,117 | \$61,500 | 64% |
| 5 | \$112,065 | \$95,255 | \$71,950 | 64% |

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

- d) SMI source and year [LIHEAP SMI Estimates FY2018](#)
- e) What was the date that these eligibility limits in column (c) became effective? [10-1-17](#)
- f) Provide the citation or link, if available, for the income eligibility limits. <https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=5-A2> [The District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A2 \(5 5A2 DCMR §204\)](#)

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

- a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). The individual has to certify on the CCDF application that the family assets do not exceed \$1,000,000.
- 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, please identify the policy or procedure:

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)). Priority groups have been established for purposes of continuing to enroll children if a waiting list is in effect and for giving first opportunity for placement if there are more applicants than available funds. The implementing regulations of the CCDBG Act, 45 C.F.R. § 98.46, require that the District of Columbia shall give priority for subsidized child care services to:

(1) Children of families with very low family income;

(2) Children with special needs, including vulnerable children; and

(3) Children experiencing homelessness.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Examples include partnering with Head Start, prekindergarten, or other high-quality programs to create a package of arrangements that accommodates parent's work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the Lead Agency's policies and procedures that take into consideration children's development and learning and that promote continuity of care when authorizing child care services.

- Child with Special Needs eligibility category -This group of applicants includes families with a child under the age of 19 who has a condition or characteristics that reflect a need for particular care, services or treatment, most commonly physical and/or mental disabilities and/or delays and is evidence by an IFSP or IEP.
- OSSE layers pre-k enhancement dollars with subsidy funds to provide a full day of care for eligible children enrolled in high quality pre-k programs
- OSSE uses locally appropriated child care subsidy funds to support Early Head Start child care partners who are part of the Quality Improvement Network. These child care partners receive an increased daily reimbursement rate to provide continuous, comprehensive and intensive high quality care that meets Head Start State Performance Standards.

3.1.7 Graduated phase-out of assistance.

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

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- i. 85 percent of SMI for a family of the same size
- ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a low-income family
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)).

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

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

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

- ✓ The Lead Agency sets the second eligibility threshold at 85 percent of SMI.
 - Describe the policies and procedures. The family remains eligible for 12 months. Exit Level: The exit level is set at the point where income equals 85 percent of the state median income (SMI) as constrained by 300% of the federal poverty level. Where 85 percent of SMI exceeds 300% of the FPL, the income exceeds the maximum eligibility level and the family must exit.

- Provide the citation for this policy or procedure. [The District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5-A2 \(5-A2 DCMR § 201 https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=5-A2 \)](https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=5-A2)

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

- Provide the second eligibility level for a family of three.
- Describe how the second eligibility threshold:
 - i. Takes into account the typical household budget of a low-income family:
 - ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
 - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - iv. Provide the citation for this policy or procedure:

b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

No

✓ Yes

- i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out. [Family co-pay amounts are based on family size and income, and gradually increase with income. However, co-pays do not increase within a 12 month eligibility period, and can only be increased at redetermination.](#)
- ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (*Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.*)

✓ No.

Yes. Describe:

3.1.8 Fluctuation in earnings.

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

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments. [The](#)

District of Columbia revised the Child Care Subsidy Eligibility Determination Manual (section 200.7.b.3) to include a definition of irregular fluctuation of earnings.

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

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

- ✓ Applicant identity. Describe: A valid State issued identification
- ✓ Applicant's relationship to the child. Describe: Applicant's relationship may be determined by providing one of the following: A full-sized, original birth certificate. The birth certificate must include the name of the parent/guardian(s) requesting services; A birth certificate in a non-English language with a certified translation; Hospital record of birth acceptable for an infant under six months old signed by a licensed physician or licensed health care practitioner; The official birth certificate must be supplied within 30 days of the date of application; Adoption papers with a finalization date, issued by a court; A referral for child care services from an authorized District of Columbia government agency or its vendor that verifies relationship has been established
- ✓ Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: The child information for determining eligibility may be determined by providing one of the following: A full-sized, original birth certificate. The birth certificate must include the name of the parent/guardian(s) requesting services; A birth certificate in a non-English language with a certified translation; Hospital record of birth [acceptable for an infant under six months old signed by a licensed physician or licensed; health care practitioner; The official birth certificate must be supplied within 30 days of the date of application; Adoption papers with a finalization date, issued by a court; Lawful Permanent Residency Document; Immigration and Naturalization Service (INS) documentation; H2 visa allowing presence in this country; Form I-94 (to show entry as a refugee, granting of asylum and showing admission under conditional entry)
- ✓ Work. Describe: This group of applicants are working parents/guardians gainfully employed or in a valid qualifying activity for a minimum of 20 hours per week. Two parent/guardian households must have both parents/guardians working. The

timeframe that child care is requested and the parent/guardian work schedule must match. Acceptable documentation for verification:

-Two most recent consecutive pay statements (original statements) verifying employment, including the name of the employee, number, number of hours worked, and wages or salary information for the pay period on the statement. At least one statement must be dated no more than 30 days prior to the date of application/eligibility determination.

-For NEWLY EMPLOYED individuals, an original letter from the employer on business letterhead with the company name identified. The supervisor or manager must sign and date the letter. The letter must include the applicant's full name and address, start date of employment, gross wages or salary, and work schedule (hours and days). The letter must be dated no more than 30 days prior to the date of application/eligibility determination. A letter is acceptable in a case where a pay statement is not normally given, such as in domestic employment. A letter is also acceptable for an employee in a new job. The new employee must submit an original pay statement within 30 days of the application and must submit two original pay statements to complete the requirement for two (2) original pay statements.

-Referrals from the Economic Security Administration or one of its vendors who provide training and placement;

-An employee who receives a direct deposit and does not receive pay stubs or an employee who has only self-generated computer pay statements;

-Confirmation of job search from the DC Department of Employment Services; or

-Confirmation of work experience program from the DC Public School Office or Work Opportunities; Self Employed persons must supply the same documents maintained for income and tax purposes, including: Letters of employment-Follow up is requested to submit pay stubs and/or tax verification; Self-employment bookkeeping records; and Work schedules.

- ✓ Job training or educational program. Describe: This group of applicants includes parent(s) and guardian(s) engaging in a valid job search, whether through DOES or another approved agency such as the TANF Employment Program, Food Stamp Employment Program (FSET), TANF Employment Provider (TEP), Office of Work

Opportunity (OWO), or an Economic Services Administration (ESA) approved job search or work experience program;

-Attends a training or undergraduate program for a minimum of 20 hours weekly.

The applicant may also combine a training or undergraduate program with employment to meet the 20 hour weekly requirement.

- ✓ Family income. Describe: The combined gross countable income of all family members living in the same household who are included for purposes of determining family size. Used to determine income eligibility and co-payments.
- ✓ Household composition. Describe: The household composition should be identified by the customer on the Child Care Application to show relationship, which includes spouse/other parent and dependent children.
- ✓ Applicant residence. Describe: The applicant must provide one of the following:
 - Current official rent receipt on the company form or letterhead;
 - Evidence of home ownership such as a mortgage payment statement;
 - Lease, mortgage, or housing subsidy document;
 - Original utility bill and E-bills ;
 - A notarized letter with original seal (indentation) signed by the landlord, homeowner, or person with whom the applicant resides accompanied by two other pieces of mail;
 - Referrals from an authorized DC agency or
 - Documentation of TANF, Food Stamps or Medical benefits.
- ✓ Other. Describe: Although there is no fee attached, customers are required to identify their source of income which includes, but is not limited to, TANF, disability, and Veterans Social Security Survivor Benefits.

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

- ✓ Time limit for making eligibility determinations. Describe length of time 30 calendar days from the date of the initial application
Track and monitor the eligibility determination process
- ✓ Other. Describe The lead agency monitors a random selection of 25% of all eligibility records from the Department of Human Services, Child Care Services Division. The lead agency also monitors Level II child care providers who conduct eligibility determination on behalf of the lead agency for their sites. A percentage of eligibility records to be reviewed is determined by the total number of families whose children are enrolled in subsidy for the site. The criteria are:
 - 1 to 30 family case records - all records will be reviewed;
 - 31 to 100 family case records - 50% (randomly selected) will be reviewed; and
 - More than 100 family case records - 30% (randomly selected) will be reviewed.

None

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

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

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

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

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

- a) Identify the TANF agency that established these criteria or definitions: DC Department of Human Services (DHS)
- b) Provide the following definitions established by the TANF agency:
 - “Appropriate child care”: Child care must meet parents' needs in terms of hours and location. The child care center or family child care provider must be licensed. An in-home or relative provider is exempt from licensing; however, s/he must meet the minimum requirements incorporated in the child care provider's agreement. The basic needs of the children must be met. These needs include: safety, developmental, social, cultural, and health.
 - “Reasonable distance”: Reasonable distance is defined as travel time it takes for a resident of the District of Columbia to drop off his/her child at a child care facility and arrive on time at work. This travel time should not exceed one and one-half hours from home to work. For District of Columbia residents who work outside the city in Maryland or Virginia, the travel time is defined as the time it takes to drop off the children at the child care facility and arrive on time to work. This travel time should not exceed two hours from home to work.
 - “Unsuitability of informal child care”: Unsuitable Informal child care is care that is not licensed or is license - exempt under the Provider Agreement for Subsidized Child Care Services or does not meet the programmatic criteria as included in the executed Provider Agreement for Subsidized Child Care Services with OSSE. Informal Child Care is defined as care provided by relative or in-home providers who are selected by the parents. Such providers must have an official provider agreement with the Parent and a Provider Agreement for Subsidized Child Care Services with OSSE along with current health certificates for themselves and the children in their care.

- “Affordable child care arrangements”: Affordable child care arrangements are terms of agreement between the parents and the provider that meet the needs of the parents and the children by using the Child Care Subsidy with the providers in the District of Columbia. Parents can obtain care for their children using the available subsidy, as long as the provider is participating in the District of Columbia's Child Care Subsidy Program, which includes all categories of care (infants, preschoolers, school-age) in all wards.
- c) How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - ✓ In writing
 - ✓ Verbally
 - Other. Describe:
- d) Provide the citation for the TANF policy or procedure: The DHS “Primary and Secondary Service Provider Manual” (Version 6: April/2018 – pages 53-57)

3.2 Increasing Access for Vulnerable Children and Families

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

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

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

- a) How does the Lead Agency define “children with special needs” and include a description of how services are prioritized: Children with disabilities have special needs that are defined as conditions or characteristics of a child under the age of 19 that reflect a need for particular care, services or treatment, most commonly physical and/or mental disabilities and/or delays and is evidenced by Individual Family Service Plan (IFSP) or Individualized Education Program (IEP).
- b) How does the Lead Agency define of “families with very low incomes” and include a description of how services are prioritized: A family with a very low income is defined as a family of three with an income at or below \$20,420 per year. The lead agency does not currently have a waiting list. Should the need arise for a waiting list, the lead agency will give priority to this special population.
- c) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF: This group of applicants represents children who are experiencing

homelessness, as defined herein. Children eligible for subsidized child care pursuant to this subsection are waived of the following eligibility requirements:

(1) Participate in a qualifying activity (e.g. training or employment); (2) Income threshold requirements in Section 200.7. The eligibility staff shall not calculate income to determine eligibility or co-payment.

- d) Describe how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)): The lead agency does not currently have a waiting list. Should the need arise for a waiting list, the lead agency will give priority to this special population. Additionally, the Lead Agency partners with other District Agencies, such as the DC Department of Human Services, to ensure families receiving TANF, attempting to transition off TANF, and those at risk of becoming dependent on TANF are supported. Many services may be accessed at the same points of entry to reduce access burdens to families needing to work and attend training programs.

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

- a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. Child Experiencing Homelessness. If an eligibility staff member identifies or an applicant indicates that the family, and therefore the child, is experiencing homelessness, then the family is given a 60-day grace period to provide residency documents. The eligibility staff at the Virginia Williams Resource Center completes OSSE's Child Care Referral Form as acceptable documentation until the records can be provided.
- b) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families. OSSE and the Department of Human Services continues it's partnership to ensure that the District's central intake center for families who are experiencing homelessness have access to a child care intake specialist. Training has been provided to all child care intake staff and community staff in Level Two site on new eligibility criteria. Children experiencing homelessness are categorically eligible for child care subsidy.

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

3.2.3 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as

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

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

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

- ✓ Children experiencing homelessness (as defined by CCDF). The District's child care licensing regulations were revised to include a provision that a Licensee shall provide a sixty (60) day grace period from the first day of service to submit documentation required for a child experiencing homelessness. or a child who is a ward of the District in foster care.

Provide the citation for this policy and procedure. Section 200.6 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A2 (5 5-A2 DCMR § 5-A200.6)

- ✓ Children who are in foster care. The District's child care licensing regulations were revised to include a provision that a Licensee shall provide a sixty (60) day grace period from the first day of service to submit documentation required for a child experiencing homelessness or a child who is a ward of the District in foster care.

Provide the citation for this policy and procedure. Section 200.6 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A2 (5 5-A2 DCMR § 5-A200.6)

- b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)). The District's child care licensing regulations were revised to include a provision that a Licensee shall provide a sixty (60) day grace period from the first day of service to submit documentation required for a child experiencing homelessness or a child who is a ward of the District in foster care.

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

- ✓ No.
- Yes. Describe:

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

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

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

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity. The District of Columbia updated the Child Care Subsidy Eligibility Determination Manual (Section 500.1.a) to include eligibility requirements specifically to expand the 12 month eligibility requirements. A child shall remain eligible for the DC's child care subsidy program throughout the 12 month eligibility period. The eligibility staff shall monitor any change in parent(s) or guardian(s) status throughout the period of eligibility to ensure the co-payment is correct at all times. Co-payments may not be increased during a twelve (12) month eligibility period as long as the income does not exceed 85 percent of the state median income, temporary changes in work, training or education activities.

b) How does the Lead Agency define "temporary change?" A temporary change shall include any of the following:

-(a) Any time limited absence from work for employed parent or guardian due to reasons such as need to care for a family member or an illness;

-(b) Any interruption in work for a seasonal worker who is not working between regular industry work seasons;

-(c) Any student holiday or break for a parent or guardian participating in training or education ;

-(d) Any reduction in work, training or education hours to less than twenty hours per week, as long as the parent or guardian is still working or attending training or education;

-(e) Any other cessation of work or attendance at a training or education program that does not exceed ninety (90) calendar days;

-(f) Any change in age, including turning thirteen (13) years old during the eligibility period; and

-(g) Any change in residency within the District of Columbia.

c) Provide the citation for this policy and/or procedure. The District of Columbia updated the Child Care Subsidy Eligibility Determination Manual (Section 500.1.a) to include eligibility requirements specifically to expand the 12 month eligibility requirements (Section 5A200 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A2 (5 5-A2 DCMR § 5-A200)

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

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

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

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

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

✓ Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

iii. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change: Non-Temporary Change - Any cessation of work or attendance at a training or education program that exceeds 90 calendar days. Once the parent reports the non-temporary change they will have 90 days to find allowable activity, if allowable activity is not obtained the parent will receive a 90 day termination notice.

- iv. Describe what specific actions/changes trigger the job-search period.
None.
- v. How long is the job-search period (must be at least 3 months)? Job search is 12 months
- vi. Provide the citation for this policy or procedure.
<https://osse.dc.gov/publication/eligibility-determinations-subsidized-child-care-policy-manual>

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

Not applicable.

Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

- i. Define the number of unexplained absences identified as excessive:
- ii. Provide the citation for this policy or procedure:
 - ✓ A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:
 - ✓ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

3.3.3 Change reporting during the 12-month eligibility period.

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

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

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

- a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?
 - No
 - ✓ Yes

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

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

- ✓ Additional changes that may impact a family's eligibility during the 12-month period. Describe: Moving out of the District of Columbia, no longer a resident.
Changes that impact the Lead Agency's ability to contact the family. Describe:
Changes that impact the Lead Agency's ability to pay child care providers. Describe:

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

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

- Phone
 Email
 Online forms
 Extended submission hours
 Other. Describe:

- d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

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

- i. Describe any other changes that the Lead Agency allows families to report.
Moving out of the District of Columbia
ii. Provide the citation for this policy or procedure. (Section 5A200 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A2 (5 5-A2 DCMR)

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

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents in families receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply

with the Lead Agency’s or designated local entity’s requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and that information required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination.

- a) Describe the Lead Agency’s procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory’s or designated local entity’s requirements for the redetermination of eligibility. List relevant policy citations. Section 500 Redetermination of Eligibility (<https://osse.dc.gov/publication/eligibility-determinations-subsidized-child-care-policy-manual>) includes the redetermination requirements specifically to prevent disruption to an applicant’s work, training or education activity in order to complete the eligibility redetermination process. In addition applicants receiving TANF benefits may use the District’s TANF documents to support redetermination.
- b) How are families allowed to submit documentation for redetermination? Check all that apply.
 - Mail
 - Email
 - Online forms
 - Fax
 - ✓ In-person
 - ✓ Extended submission hours
 - Other. Describe:

3.4 Family Contribution to Payments

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

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

section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

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

| | (a) | (b) | (c) | (d) | (e) | (f) |
|--------------------|--|---|---|---|---|---|
| Family Size | Lowest "Entry" Income Level Where Family Is First Charged Co-Pay (Greater Than \$0) | What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)? | The Co-Payment in Column (b) is What Percentage of the Income in Column (a)? | Highest "Entry" Income Level Before a Family Is No Longer Eligible | What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)? | The Co-Payment in Column (e) is What Percentage of the Income in Column (d)? |
| 1 | 13,266 | 20.40 | 2% | 30,150 | 154.60 | 6.7% |
| 2 | 17,864 | 20.40 | 2% | 40,600 | 154.60 | 6.7% |
| 3 | 22,462 | 20.40 | 2% | 51,050 | 154.60 | 5% |
| 4 | 27,060 | 20.40 | 1% | 61,500 | 154.60 | 4% |
| 5 | 31,658 | 20.40 | 1% | 71,950 | 154.60 | 4% |

b) What is the effective date of the sliding-fee scale(s)? 10-1-17

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

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

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

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

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

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

- No.
Yes, check and describe those additional factors below.
- Number of hours the child is in care. Describe:
- Lower co-payments for a higher quality of care, as defined by the state/territory.
Describe:
- Other. Describe:

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

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

- Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$ 20,240.
Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. .
- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation.
.

3.4.5 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 (98.45(b)(5))?

- No.
- Yes. If yes:

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

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

- ✓ Limit the maximum copayment per family. Describe: The copayments is applied only to the two youngest children receiving subsidy and does not exceed seven percent of a family's income.

Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe:
Other. Describe:

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

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

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

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet

health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

- 4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). The child care admission form is issued to a family after they have selected a provider. When a family has been determined to meet all eligibility criteria and placement has been made, the eligibility staff issue an admission form to the parent(s) or guardian(s) with instructions to have it completed by the selected provider. The provider then returns the admission form to the Department of Human Services (DHS), Child Care Services Division (CCSD) to confirm the child has been accepted and payment for child care services will be authorized. The provider must enter the date the child started at the facility and sign and date the form. The provider returns the admission form via email to the Intake and Continuing Services Unit, DHS CCSD within 24 hours after the child is enrolled at the facility. The admission form includes the following information

- Type of Care (Traditional or Non-traditional)
- Child's Name
- Parent/Guardian
- Beginning Date
- Child Care Provider
- Payment (Provider/Parent)
- Type of Placement
- Eligibility Worker's contact information
- Customer's Signature

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

Certificate that provides information about the choice of providers

Certificate that provides information about the quality of providers

Certificate not linked to a specific provider, so parents can choose any provider

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

- 4.1.3 Child care services available through grants or contracts.

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

✓ No. If no, skip to 4.1.4.

Yes. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: [REDACTED]
- ii. The type(s) of child care services available through grants or contracts: [REDACTED]
- iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):
- iv. The process for accessing grants or contracts: [REDACTED]
- v. How rates for contracted slots are set through grants and contracts: [REDACTED]
- vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality: [REDACTED]
- vii. If contracts are offered statewide and/or locally: [REDACTED]

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

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

4.1.4 Certify by describing the Lead Agency’s procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). Parents have unlimited access to their children whenever their children are in the care of a provider. Parents are informed of this policy during the parent application and orientation process. Providers are informed of this policy during the subsidy provider orientation and in the subsidy provider agreement

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

- No.
- ✓ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
 - ✓ Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe: Providers are required to be at least 21 years of age.
 - Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
 - Restricted to care by relatives. Describe:
 - Restricted to care for children with special needs or a medical condition. Describe:
 - ✓ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: In home provider must complete health and safety training.
 - Other. Describe:

4.2 Assessing Market Rates and Child Care Costs

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

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

- Provide an overview of the Lead Agency’s proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.

- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care—such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

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

MRS

- ✓ Alternative methodology. Describe: OSSE is updating its 2015 Cost Estimation Model that was developed in consultation with nationally recognized early childhood finance experts. The model included the cost of delivering services at each level of the District's Quality Rating and Improvement System (QRIS) in center and home-based settings that serve children of varying ages and needs. Capital Quality, DC's re-designed Quality Rating and Improvement System (QRIS) will include four levels of quality: developing, progressing, quality and high quality. The goals of the alternative methodology are: 1) identify the fiscal impact of the DC licensing and QRIS standards; 2) identify key cost drivers that cut across all QRIS levels; 3) carefully explore differential costs between programs that serve primarily (or exclusively) infants and toddlers and those that serve primarily (or exclusively) three- and four-year old children; and 4) use this information to test a range of alternative rate-setting and policy recommendations with a clear understanding of the fiscal impact of these decisions.

Both. Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

- a) State Advisory Council or other state-designated cross-agency body: On April 5, 2018, prior to requesting ACF approval of an alternative methodology, OSSE DEL consulted with and received support to submit this request by the District of Columbia State Early Childhood Development Coordinating Council ("SECDCC"), established by D.C. Official Code § 38-271.07.
- b) Local child care program administrators:
- c) Local child care resource and referral agencies: The child care resource and referral agency is a member of the SECDCC
- d) Organizations representing caregivers, teachers, and directors: OSSE consulted with more than 100 child development programs at the Child Care Leaders' Summit and Networking Event on April 28, 2018 and will also consult with the local DC Association for the Education of Young Children and the DC Family Child Care Association.
- e) Other. Describe:

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods. The District used a cost modeling approach in 2015 that was developed and tested by national experts Anne Mitchell of the Alliance for Early Childhood Finance and Andrew Brodsky of Brodsky Research, and Augenblick, Palaich and Associates (APA), a leader in education finance. These leaders worked collaboratively with the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care through the support of the National Center on Child Care Quality Improvement and the Child Care State Systems Specialist Network to build the Provider Cost of Quality Calculator (PCQC), a dynamic, web-based tool that calculates the cost of quality child care based on site-level provider data.

For the 2018 cost estimation model, OSSE DEL will carefully review the data used to inform cost assumptions in the 2015 model to ensure it accurately reflects the providers' current experience. For example, OSSE DEL overhauled the regulations governing the licensing of facilities in Dec. 2016, so those assumptions must be updated (i.e. group sizes or ratios) in the 2018 cost estimation model. Additionally, in 2015, the interactive model used the Quality Rating and Improvement System (QRIS), the District's three tiered-rate reimbursement framework, to estimate the cost of quality in both child development centers and homes. However, with the migration to Capital Quality, DC's redesigned QRIS, beginning Oct. 1, 2018, the 2018 cost estimation model must reflect Capital Quality's four tier levels: (1) High-Quality, (2) Quality, (3) Progressing, and (4) Developing. Finally, the 2018 cost estimation model would need to account for recently promulgated subsidy payment rate increases.

- 4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:
- a) Geographic area (e.g., statewide or local markets). Describe: N/A – the District of Columbia has only one geographic area
 - b) **Type of provider. Describe:** The 2015 cost estimation model demonstrated there is a gap between the cost of producing quality of a given level, and the revenue sources available to support a particular type of provider. Knowing the size of the gap at different quality levels, and for various provider types, informed the subsidy reimbursement rates, design of financial incentive packages, and supportive policies to encourage financial sustainability. For the 2018 cost estimation model, OSSE DEL will carefully review the data used to inform cost assumptions in the model to ensure it accurately reflects the providers' current experience. For example, OSSE DEL overhauled the regulations governing the licensing of facilities in Dec. 2016, so those assumptions must be updated (i.e. group sizes or ratios) in the 2018 cost estimation model
 - c) **Age of child. Describe:** As with the approved 2015 cost estimation model, the 2018 cost estimation model will continue to provide complete information that captures the universe of providers in the child care market and reflect variations in the cost structure along relevant dimensions, including provider type, age of children, provider quality, income mix of enrolled children and needs of the children served.
 - d) **Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.** In 2015, the interactive model used the Quality Rating and Improvement System (QRIS), the District's three tiered-rate reimbursement framework, to estimate the cost of quality in both child development centers and homes. However, with the migration to Capital Quality, DC's redesigned QRIS, beginning Oct. 1, 2018, the 2018 cost estimation model will reflect Capital Quality's four tier levels: (1) High-Quality, (2) Quality, (3) Progressing, and (4) Developing. Finally, the 2018 cost estimation model would need to account for recently promulgated tiered subsidy payment rate increases.
- 4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). The Final Report will be disseminated through the Division of Early Learning Bulletin with over 2,000 subscribers and placed on the Lead Agency's website 30 days after it is published.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). June 15, 2018
- b) Date the report containing results was made widely available—no later than 30 days after the completion of the report. July 15, 2018
- c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.
- d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

4.3 Setting Payment Rates

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

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. If the Lead Agency conducted an MRS (only or in combination with an alternative methodology), also report the percentiles based on the most recent MRS. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children).

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

Rate \$ 48.68 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS:

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

Rate \$ 36.04 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS:

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

Rate \$ 48.68 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS:

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

Rate \$ 36.04 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS:

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

Rate \$ 29.21 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS:

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

Rate \$ 22.03 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS:

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

Rate \$ 20.00 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile of most recent MRS:

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

Rate \$ 20.00 per day unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS:

i) Describe how part-time and full-time care were defined and calculated. Part-time care is defined as less than 6 hours per day, and full-time care is defined as 6-11 hours per day.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). October 1, 2017

k) Provide the citation or link, if available, to the payment rates. <http://dcrules.elaws.us/dcmr/5-a203>

l) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). N/A

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

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if

the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

- ✓ Differential rate for *non-traditional hours*. Describe: The base rate for full-time non-traditional care for an infant is \$60.83 per day. This differential rate was informed by OSSE's 2012 market rate survey and its 2016 cost estimation model.
- ✓ Differential rate for *children with special needs*, as defined by the state/territory. Describe: The base rate for children with special needs (infant and toddler) is \$77.78 per day. This differential rate was informed by OSSE's 2016 cost estimation model.
- ✓ Differential rate for *infants and toddlers*. Describe: OSSE employs a tiered rating structure for infants and toddlers based on the quality of the child care facility, facility type (center or home), and service type (full-time, part-time, non-traditional, extended day).
- ✓ Differential rate for *school-age programs*. Describe: OSSE employs a tiered rating structure for school age programs based on the quality of the child care facility, facility type (center or home), and service type (full-time, part-time, non-traditional, extended day).
- ✓ Differential rate for *higher quality*, as defined by the state/territory. Describe: Child care providers who meet NAEYC accreditation standards receive gold tier reimbursement rates. Infant and toddler gold rate for full-time traditional care at a child development center is \$65.07. Additionally, child care providers (home and centers) who participate in the Quality Improvement Network receive a QIN rate for the provision of high-quality care that meets Early Head Start standards. The rate for a QIN eligible child enrolled in a center is \$83.75 per day for infants and toddlers and the home QIN rate is \$65.07 per day for enrolled infants and toddlers. With the migration to Capital Quality, DC's redesigned QRIS, beginning Oct. 1, 2018, the tiered reimbursement will reflect Capital Quality's four tier levels: (1) High-Quality, (2) Quality, (3) Progressing, and (4) Developing.
- ✓ Other differential rates or tiered rates. Describe: Besides full-time traditional, part-time traditional, and non-traditional, OSSE employs tiered reimbursement rates for extended day full-time (base rate for infant and toddler care is \$53.55 per day) and extended day part-time (base rate for infant and toddler care is \$34.07 per day).
- Tiered or differential rates are not implemented.

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

- 4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):
- a) Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices The Lead Agency has a full range of for-profit, non-profit and faith-based licensed providers that accept the child care subsidy vouchers. Additionally, over half of our

licensed child development facilities (centers and homes) participate in the subsidized child care program.

- b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology. Based on the results of the cost estimation model and increased local funding:

· In FY17, OSSE raised the toddler rate to align with the current licensing group size and ratios for toddlers because the cost estimation model revealed infants and toddlers were the most expensive children to serve;

· In FY17, OSSE added a rate for the Quality Improvement Network (“QIN”), which utilizes a shared-services framework that supports comprehensive services, coaching, and professional development for a network of centers and homes, to better align with the Head Start Program Performance Standards the QIN facilities are required to meet;

· In FY18, OSSE increased the infant and toddler rate for centers across each tier by four percent and for homes across each tier by approximately 10 percent. The cost estimation model found that infants and toddlers were the most expensive children to serve, in both homes and centers due to lower adult to child ratio requirements, but the homes saw a greater increase because the cost estimation model revealed that homes experience more difficulty in maintaining financial sustainability;

· In FY18, OSSE increased the infant and toddler special needs rate for bronze, silver, and gold centers by 10 percent because the cost estimation model revealed that even with a higher subsidy reimbursement rate for children with special needs, child development centers that specialize in care for children with special needs incur significant losses. Specifically, the cost model estimation showed that the revenue gap between a gold center and a gold center serving children with special needs was significant, because the higher level of care requires more support and additional resources, such as the need for additional teaching staff and support staff with specialized credentials; and

· In FY18, OSSE added a Shared Services Reimbursement rate because the cost estimation model found that larger centers could be more financially stable by increasing the number of children that a center served as the administrative costs would be spread across many classrooms. Accordingly, the cost modeling suggested that linking a network of homes or centers by a shared administration, or a shared-services framework, could provide similar financial stability.

- c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF. The District’s Cost Estimation model accounts for staffing requirements, professional development, and health and safety requirements
- d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. The Lead Agency increased rates twice in the past two years, using information from the Cost Estimation Model. The CEM estimated the cost of care at each QRIS tier level, for homes and centers, using a variety of scenarios (facility size, existence of pre-k classrooms, caregiver salaries) and rates were increased based on this information within available resources.
- e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6) A new sliding fee scale was implemented effective October

1, 2017. This new scale was based on 2016 Federal Poverty Guidelines (an update from 2009). There is no co-pay assessed for families that fall at or below 100 percent of the FPL, and copays start at two percent of a family's income and the highest copay is eight percent of income. Co-pays are assessed on the two youngest children.

- f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers Providers are paid based on a child's monthly attendance, including 5 unexcused absences per month. Children are also allowed fifteen excused absences per month, with supporting documentation. The Lead Agency is exploring alternative payment practices that may be more provider-friendly, such as paying based on enrollment rather than attendance, or contracting for subsidized slots.
- g) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.
- Geographic area. Describe: N/A
 - ✓ Type of provider. Describe: Child care provider payment rates are differentiated by home or center and licensed, relative and in-home care
 - ✓ Age of child. Describe: Child care provider payment rates are differentiated by the age of the child: infant and toddler (6 weeks to 2 years 11 months), pre-school (ages 3 and 4), and school age (age 5 through 12 years 11 months)
 - ✓ Quality level. Describe: Child care provider payment rates are differentiated by the quality tier rating assigned in the QRIS program.
- Other.
- h) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access:
- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe:
 - Feedback from parents, including parent surveys or parental complaints. Describe:
 - Other. Describe:

4.5 Payment Practices and the Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among

particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

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

- 4.5.1 Certify by describing the payment practices that the Lead Agency has implemented for all CCDF child care providers,
- a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
 - Paying prospectively prior to the delivery of services. If implemented describe the policy or procedure.
 - ✓ Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure. Invoices are due by the fifth business day of the month for services rendered the previous month and payments are issued the last week of the month.
 - b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:
 - Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure.
 - Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure.
 - ✓ Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure. Per OSSE policy, providers are paid for five unexcused absences and 15 excused absences each month. No documentation is required to support the unexcused absences. Excused absences must be accompanied by a doctor's note submitted with the monthly invoice
Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.
 - c) Reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies, which must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- ✓ Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). Children are assigned to full-time or part-time traditional, extended day, or non-traditional services, depending on need for care. Hours are as follows:
 - Full Time Traditional: between 6 and 11 hours of care
 - Part Time Traditional: less than 6 hours of care
 - Extended Day Full Time
 - Extended Day Part Time
 - Non-Traditional Full Time
 - Non-Traditional Part Time
- ✓ Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. Child care providers are only able to charge parents the co-payment established by the lead agency and any late fees incurred by parents/guardians who do not pick their children up on time. The provider is not allowed to collect any other fees from the parent/guardian, and collection of fees will result in the termination of the subsidized child care agreement. OSSE will explore the feasibility of including mandatory registration fees and field trip fees in its payment policies and practices for providers.
- d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe: All child care providers who participate in the subsidized child care program sign an annual agreement. The agreement details the following:
 - General requirements for the provision of care and financial management requirements
 - Attendance reporting and payment policies
 - Reimbursement rates
 - Sliding Fee Scale for parent co-payments
 - Payment reconciliation and error reporting process for incorrect payments received
 - QRIS requirements
- e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:
- f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: The Agreement for Subsidized Child Care details the policies and procedures for dispute resolution and appeals. If informal dispute resolution attempts are unsuccessful, providers are able to submit a written statement and the

Assistant Superintendent of Early Learning will render a decision within 30 days. The provider may appeal the decision within 15 days. The Superintendent has 30 days to reconsider and render a new decision.

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

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

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

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

4.6.1 For each of the following types of providers, identify any shortages in the supply of quality child care providers, the data sources used to identify shortages, and the method of tracking progress to support equal access and parental choice.

- a) Children in underserved areas: OSSE will use its community needs assessment to track progress.
- b) Infants and toddlers: A Child Care Supply and Demand Study, funded by a private foundation, will be published in May 2018. Preliminary results indicated a significant shortage of infant and toddler slots throughout the District. This study will be used to prioritize facility expansion funding through OSSE's Access to Quality Child Care Expansion grant.
- c) Children with disabilities (include the Lead Agency definition in the description): Children with disabilities have special needs that are defined as conditions or characteristics of a child under the age of 19 that reflect a need for particular care, services or treatment, most commonly physical and/or mental disabilities and/or delays and is evidenced by Individual Family Service Plan (IFSP) or Individualized Education Program (IEP). OSSE's community needs assessment will be used to determine if there is a shortage of supply. The child care resource and referral agency will support the lead agency in tracking progress.
- d) Children who received care during non-traditional hours: The Lead Agency has contracted with a national organization to conduct an analysis of the supply and demand for non-traditional hour care. The report will be available in July 2018 and will be used to inform our strategy.

e) Other. Please describe any other shortages in the supply of high-quality providers.

4.6.2 Based on the analysis in 4.6.1, describe what method(s) is used to increase supply and to improve quality for the following.

- a) Infants and toddlers. Check all that apply.
 - ✓ Grants and contracts (as discussed in 4.1.3)
 - ✓ Family child care networks

- Start-up funding
- ✓ Technical assistance support
- Recruitment of providers
- ✓ Tiered payment rates (as discussed in 4.3.2)
- ✓ Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- ✓ Other. Describe: OSSE is building a partnership with community-based organizations that specifically address the needs of and assistance to families who are in transitional housing and/or are homeless.

b) Children with disabilities. Check all that apply.

- ✓ Grants and contracts (as discussed in 4.1.3)
- ✓ Family child care networks
- Start-up funding
- ✓ Technical assistance support
- Recruitment of providers
- ✓ Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe:

c) Children who receive care during non-traditional hours. Check all that apply.

- ✓ Grants and contracts (as discussed in 4.1.3)
- ✓ Family child care networks
- Start-up funding
- ✓ Technical assistance support
- Recruitment of providers
- ✓ Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe:

d) Other. Check and describe:

- Grants and contracts (as discussed in 4.1.3). Describe:
- Family child care networks. Describe:
- Start-up funding. Describe:
- Technical assistance support. Describe:
- Recruitment of providers. Describe:
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging. Describe:
- Other. Describe:

- 4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.
- a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment? N/A
 - b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs. OSSE has set a goal of increasing by 1,000 the number of quality slots available for infant and toddler care across the District. Through the Lead Agency's public private partnership with the Bainum Foundation, the QIN expanded in March 2018 to three additional centers serving 94 children in wards 7 and 8, our wards with the highest concentration of poverty and unemployment. In 2017 the Bainum Foundation established a \$4.5 million Early Learning Quality Fund to ensure the development of 750 high quality infant and toddler slots in wards 7 and 8. Furthermore, the grantee managing OSSE's Access to Quality Child Care Expansion grant, will increase the supply of quality infant and toddler supply in the city by 1,000 by September 2020 with at least 50 percent of sub-granted amounts to improve supply for infants and toddlers eligible for subsidy.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to child care services in the state/territory. States and territories may allow licensing exemptions, but they must describe how such exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care. Lead Agencies also must certify that there are in effect health and safety requirements applicable to providers serving CCDF children. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures to ensure that providers are complying with the health and safety requirements.

This section covers licensing requirements, health and safety requirements and training, and monitoring and enforcement procedures to ensure that child care providers comply with licensing and health and safety requirements (98.16(n)) as well as exemptions (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)). Criminal background check requirements are included in this section (98.16(o)).

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of CCDF providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.409(a)(2)(iv)).

- 5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). “A licensed Child Development Facility” is any person or persons, or entity or organization, whether organized formally or informally that provides care, education, and other services, supervision, and guidance for more than two (2) infants, toddlers, and children that are not related, on a regular basis. “Child Development Facility” or “Facility” includes “Child Development Home,” “Expanded Child Development Home,” “Out-of-School-Time (OST) Program,” and “Child Development Center.” “Child Development Facility” 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

“Child Development Center” or “Center” means a Child Development Facility located in premises other than a dwelling occupied by the operator of the Facility that serves more than twelve (12) children.

Child Development Home means a private residence which provides a child development program for children. A “Child Development Home” provides child care for up to a total of six (6) children. Child Development Home also includes those Facilities classified as “Expanded Child Development Homes”.

Expanded Child Development Home means a Child Development Home in which child care is provided by two (2) or more Caregivers for up to twelve (12) children.

In-home and relative care providers are exempted from this requirement but are subject to other District of Columbia rules and regulations.

Expanded Child Development Home means a Child Development Home in which child care is provided by two (2) or more Caregivers for up to twelve (12) children.

- 5.1.2 Which providers in your state/territory are subject to licensing under this CCDF category? Check all that apply and provide a citation to the licensing rule.

- ✓ Center-based child care. Provide a citation: Sections 5-A101, 101.1, 101.2, and 103 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A (5 5-A DCMR § 5-A101, 101.1, 101.2, 103)
- ✓ Family child care. Provide a citation: Sections 5-A101, 101.1, 101.2, and 103 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A (5 5-A DCMR § 5-A101, 101.1, 101.2, 103)
- ✓ In-home care. Provide a citation: Per the District of Columbia's Provider Agreement for Child Care Subsidy Program, In-home and relative care is exempt from this requirement.

5.1.3 Are any providers in your state/territory that fall under this CCDF category exempt from licensing (98.40(2)(i) through (iv))? If so, describe exemptions based on length of day, threshold on the number of children in care, or any other factors applicable to the exemption.

- ✓ Center-based child care. If checked, describe the exemptions.
- ✓ Family child care. If checked, describe the exemptions.
- ✓ In-home care. If checked, describe the exemptions. In-home care providers are exempt from licensing requirements, but must still meet the health and safety requirements mandated by the CCDBG.

5.1.4 Describe how any exemptions identified above do not endanger the health, safety, or development of children in:

- a) Center-based child care if checked in 5.1.3.
- b) Family child care if checked in 5.1.3e.
- c) In-home care if checked in 5.1.3. In-home care providers must meet the health and safety requirements and background check requirements.

5.2 Health and Safety Standards and Requirements for CCDF Providers

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

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

a) Licensed CCDF center-based care

- 1. Infant
 - How does the State/territory define infant (age range): birth to 12 months
 - Ratio: 1:4
 - Group size: 8

- Teacher/caregiver qualifications: A Teacher in a Child Development Center shall be at least eighteen (18) years of age and shall either:

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

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

(c) Have earned at least forty-eight (48) semester credit hours, or its recognized equivalent, from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, of which fifteen (15) semester hours, or its recognized equivalent, shall be in early childhood education, early childhood development, or child and family studies, and has at least at least two (2) years of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; provided that he or she earns an associate's degree as described in (a) or (b) within four (4) years of the effective date of these regulations;

(d) Have earned a high school diploma or its equivalent and a current Child Development Associate (CDA) credential, which specifies that the individual is qualified for the assigned age classification; provided that he or she earns an associate's degree in compliance with (a) or (b) within four (4) years of the effective date of these regulations; or

(e) For a Montessori school teacher, have earned an associate's degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, and a Montessori certificate issued by the National Center for Montessori Education, American Montessori Society, or the Association Montessori International, or a program accredited by the Montessori Accreditation Commission for Teacher Education.

An Assistant Teacher in a Child Development Center shall be at least eighteen (18) years of age and shall either:

(a) Have earned an associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation;

(b) Have earned a high school diploma or its equivalent, and have a current CDA credential, which specifies that the individual is qualified to serve as an Assistant Teacher for the age classification with whom he or she will work;

(c) Have earned a high school diploma or its equivalent, and certification of training and competence in the field of early childhood education or early childhood development from a duly authorized vocational high school; provided that he or she earns a CDA credential within two (2) years of the effective date of these regulations;

(d) Have earned a high school diploma or its equivalent and have at least one (1) year of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; provided that he or she earns a CDA credential within two (2) years of the effective date of these regulations; or

(e) For a Montessori school Assistant Teacher, have earned a minimum of twenty (20) hours of Montessori specific training, completed an orientation program specific to the school, and works under the supervision of a Montessori credentialed lead teacher.

2. Toddler

- How does the State/territory define toddler (age range): 12 months to 36 months
- Ratio: 0-24 months 1:4; 24 - 30 months, 1:4; 30 - 36 months 1:8
- Group size: 0-24 months (8); 24 - 30 months (12); 30 - 36 months (16)
- Teacher/caregiver qualifications: A Teacher in a Child Development Center shall be at least eighteen (18) years of age and shall either:

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

(b) Have earned an associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in a field other than early childhood education, early childhood development, or child and family studies, earned at least twenty-four (24) semester credit hours, or its recognized equivalent, from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation in early childhood education, early childhood development, child and family studies, or a

closely related field, and have at least one (1) year of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction;

(c) Have earned at least forty-eight (48) semester credit hours, or its recognized equivalent, from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, of which fifteen (15) semester hours, or its recognized equivalent, shall be in early childhood education, early childhood development, or child and family studies, and has at least at least two (2) years of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; provided that he or she earns an associate's degree as described in (a) or (b) within four (4) years of the effective date of these regulations;

(d) Have earned a high school diploma or its equivalent and a current Child Development Associate (CDA) credential, which specifies that the individual is qualified for the assigned age classification; provided that he or she earns an associate's degree in compliance with (a) or (b) within four (4) years of the effective date of these regulations; or

(e) For a Montessori school teacher, have earned an associate's degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, and a Montessori certificate issued by the National Center for Montessori Education, American Montessori Society, or the Association Montessori International, or a program accredited by the Montessori Accreditation Commission for Teacher Education.

An Assistant Teacher in a Child Development Center shall be at least eighteen (18) years of age and shall either:

(a) Have earned an associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation;

(b) Have earned a high school diploma or its equivalent, and have a current CDA credential, which specifies that the individual is qualified to serve as an Assistant Teacher for the age classification with whom he or she will work;

(c) Have earned a high school diploma or its equivalent, and certification of training and competence in the field of early childhood education or early childhood development from a duly authorized vocational high school; provided that he or she earns a CDA credential within two (2) years of the effective date of these regulations;

(d) Have earned a high school diploma or its equivalent and have at least one (1) year of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another

jurisdiction; provided that he or she earns a CDA credential within two (2) years of the effective date of these regulations; or

(e) For a Montessori school Assistant Teacher, have earned a minimum of twenty (20) hours of Montessori specific training, completed an orientation program specific to the school, and works under the supervision of a Montessori credentialed lead teacher.

3. Preschool

- How does the State/territory define preschool (age range): 36 - 60 months but younger than school age
- Ratio: 36 months – 48 months 1:8; 48 months – 60 months 1:10
- Group size: 16 or 20
- Teacher/caregiver qualifications: A Teacher in a Child Development Center shall be at least eighteen (18) years of age and shall either:

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

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

(c) Have earned at least forty-eight (48) semester credit hours, or its recognized equivalent, from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, of which fifteen (15) semester hours, or its recognized equivalent, shall be in early childhood education, early childhood development, or child and family studies, and has at least at least two (2) years of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; provided that he or she earns an associate's degree as described in (a) or (b) within four (4) years of the effective date of these regulations;

(d) Have earned a high school diploma or its equivalent and a current Child Development Associate (CDA) credential, which specifies that the individual is qualified for the assigned age classification; provided that he or she earns an

associate's degree in compliance with (a) or (b) within four (4) years of the effective date of these regulations; or

(e) For a Montessori school teacher, have earned an associate's degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, and a Montessori certificate issued by the National Center for Montessori Education, American Montessori Society, or the Association Montessori International, or a program accredited by the Montessori Accreditation Commission for Teacher Education.

An Assistant Teacher in a Child Development Center shall be at least eighteen (18) years of age and shall either:

(a) Have earned an associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation;

(b) Have earned a high school diploma or its equivalent, and have a current CDA credential, which specifies that the individual is qualified to serve as an Assistant Teacher for the age classification with whom he or she will work;

(c) Have earned a high school diploma or its equivalent, and certification of training and competence in the field of early childhood education or early childhood development from a duly authorized vocational high school; provided that he or she earns a CDA credential within two (2) years of the effective date of these regulations;

(d) Have earned a high school diploma or its equivalent and have at least one (1) year of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; provided that he or she earns a CDA credential within two (2) years of the effective date of these regulations; or

(e) For a Montessori school Assistant Teacher, have earned a minimum of twenty (20) hours of Montessori specific training, completed an orientation program specific to the school, and works under the supervision of a Montessori credentialed lead teacher.

4. School-age

- How does the State/territory define school-age (age range): between five years and 18 years of age on or before September 30 of the current school year
- Ratio: Under 6 years 1:12 or 6 years and older 1:15
- Group size: Under 6 years of age 24 and Over 6 years of age 30
- Teacher/caregiver qualifications:

Out-of-School-Time Program
Group Leader Qualification

Group Leader, whose sole responsibility is to supervise an out-of-school-time program group, shall be at least eighteen (18) years of age and shall either:

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

(b) Have earned at least forty-eight (48) semester credit hours, or its recognized equivalent, from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, of which at least nine (9) semester credit hours, or its recognized equivalent, shall be in child and youth development, and have at least six (6) months of supervised occupational experience working with school age children under the age of fifteen (15) years at a duly authorized school or camp, a licensed Child Development Center, or the equivalent;

(c) Have earned a high school diploma or its equivalent, and have at least one (1) year of supervised occupational experience working with school age children under the age of fifteen (15) years at a duly authorized school or camp, a licensed Child Development Center, or the equivalent.

Assistant Group Leader

An Assistant Group Leader in a Child Development Center that provides out-of-school-time care only shall be at least eighteen (18) years of age and have earned at least a high school diploma or its equivalent, and have at least six (6) months of supervised occupational experience working with school-age children of under the age of fifteen (15) years at a duly authorized school or camp, licensed Child Development Center, or an equivalent entity.

For the purposes of this section, a period of supervised occupational experience shall include an average of no less than twenty (20) hours per week. Six (6) months occupational experience is equal to five hundred (500) hours. Multiple qualifying periods may be aggregated in order to achieve the required total.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers.
6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups. When children of different ages are combined in one group, the adult-to-child ratio for the youngest child shall apply
7. Describe the director qualifications for licensed CCDF center-based care. A
Director of a Child Development Center shall either:

(a) Have earned, a bachelor's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with at least fifteen (15) semester credit hours, or its recognized equivalent, in early childhood development, early childhood education, elementary education, or early special education and at least one (1) year supervised experience working with children in a licensed District of

Columbia Child Development Center or its equivalent in another jurisdiction;

(b) Have earned an associate's degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in early childhood education or early childhood development, and has at least three (3) years supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; and provided that he or she earns a bachelor's or more advanced degree as described in Subsection 164.1(a) within six (6) years of the effective date of this chapter; or

(c) Have earned at least forty-eight (48) credit hours from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with at least fifteen (15) semester credit hours, or its recognized equivalent, in early childhood education or early childhood development, and have at least four (4) years of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction; and be employed as a qualified Center Director in a licensed Child Development Center in the District of Columbia on the effective date of these regulations, provided that the Center Director achieves compliance with (a) or (b) within no more than six (6) years following the effective date of these regulations; or

(d) For a Montessori School Director, earned a Montessori certificate issued by a program accredited by the Montessori Accreditation Commission for Teacher Education, National Center for Montessori Education, American Montessori Society, or the Association Montessori International, and have at least three (3) years of supervised occupational experience working with children in a licensed District of Columbia Child Development Center or its equivalent in another jurisdiction.

Out-Of-School-Time Program
Center Director

A Center Director for a Child Development Center that only provides out-of-school-time care shall be at least eighteen (18) years of age and shall either:

(a) Have earned a bachelor's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in education, child and positive youth development, or early special education;

(b) Have earned a bachelor's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, and have at least one (1) year of supervised occupational experience working with school age children under the age of fifteen (15) years in a duly authorized school or camp, a licensed Child Development Center, or the equivalent; or

(c) Have earned an associate's or more advanced degree from an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation, with a major in education or child and positive youth development, and have at least one (1) year of supervised occupational experience working with school age children under the age of fifteen (15) years in a duly authorized school or camp, a licensed Child Development Center, or the equivalent.

b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define infant (age range): birth to 12 months
- Ratio: 1:2; 2:4; 3:6
- Group size: 6

o Expanded Home : 9 -12

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

An Expanded Home may provide care for more than two (2) children who are non-ambulatory or under two (2) years of age, provided that the number of such children does not exceed the following:

(a) Four (4) children, if there are two (2) or more Caregivers present; or

(b) Six (6) children, if there are three (3) or more Caregivers present.

- Teacher/caregiver qualifications: A Child Development Home Caregiver shall be at least eighteen (18) years of age and shall:

(a) Have earned a high school diploma or its equivalent; and shall earn a Child Development Associate (CDA) credential within two (2) years of the effective date of these regulations;

(b) Attend at least four (4) child development-related training courses, approved by the District of Columbia Government, per year, for a total of at least twelve (12) hours of professional development annually; and

(c) Successfully complete all health and safety training requirements set forth in this chapter.

An Expanded Home Caregiver shall be at least eighteen (18) years of age and shall:

(a) Have earned at least one of the following:

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

(2) A high school diploma or its equivalent, and a current Child Development Associate (CDA) credential; provided that he or she earns an associate's or more advanced degree as described in Subsection 170.2(a)(1) within three (3) years of the effective date of these regulations.

(b) Have successfully completed one of the following:

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

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

A primary Caregiver shall reside in the dwelling where the licensed Expanded Home is located.

Associate Caregiver

An Associate Caregiver in an Expanded Home shall be at least eighteen (18) years of age and shall:

(a) Have earned a high school diploma or its equivalent, and a current CDA credential, except that an Associate Caregiver currently working in a licensed expanded home on the effective date of these regulations shall have two (2) years from that date within which to obtain the CDA credential; and

(b) Have successfully completed at least one of the following:
At least one (1) year of operating as the Caregiver in a District of Columbia licensed Child Development Home, or its equivalent in another jurisdiction;
or

(c) At least one year of supervised occupational experience in a District of Columbia licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher, or Assistant Teacher.

2. Toddler

- How does the State/territory define toddler (age range): 12 months to 36 months
- Ratio: 1:4

- Group size: Home - 6; Expanded Home 9-12
- Teacher/caregiver qualifications: A Child Development Home Caregiver shall be at least eighteen (18) years of age and shall:

(a) Have earned a high school diploma or its equivalent; and shall earn a Child Development Associate (CDA) credential within two (2) years of the effective date of these regulations;

(b) Attend at least four (4) child development-related training courses, approved by the District of Columbia Government, per year, for a total of at least twelve (12) hours of professional development annually; and

(c) Successfully complete all health and safety training requirements set forth in this chapter.

An Expanded Home Caregiver shall be at least eighteen (18) years of age and shall:

(a) Have earned at least one of the following:

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

(2) A high school diploma or its equivalent, and a current Child Development Associate (CDA) credential; provided that he or she earns an associate's or more advanced degree as described in Subsection 170.2(a)(1) within three (3) years of the effective date of these regulations.

(b) Have successfully completed one of the following:

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

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

A primary Caregiver shall reside in the dwelling where the licensed Expanded Home is located.

Associate Caregiver

An Associate Caregiver in an Expanded Home shall be at least eighteen (18) years of age and shall:

- (a) Have earned a high school diploma or its equivalent, and a current CDA credential, except that an Associate Caregiver currently working in a licensed expanded home on the effective date of these regulations shall have two (2) years from that date within which to obtain the CDA

credential; and

(b) Have successfully completed at least one of the following:

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

(ii.) At least one year of supervised occupational experience in a District of Columbia licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher, or Assistant Teacher.

3. Preschool

• How does the State/territory define preschool (age range): 36 months to 60 months

• Ratio: 1:6

• Group size: Home – 6
o Expanded Home 9-12

Teacher/caregiver qualifications: A Child Development Home Caregiver shall be at least eighteen (18) years of age and shall:

(a) Have earned a high school diploma or its equivalent; and shall earn a Child Development Associate (CDA) credential within two (2) years of the effective date of these regulations;

(b) Attend at least four (4) child development-related training courses, approved by the District of Columbia Government, per year, for a total of at least twelve (12) hours of professional development annually; and

(c) Successfully complete all health and safety training requirements set forth in this chapter.

An Expanded Home Caregiver shall be at least eighteen (18) years of age and shall:

(a) Have earned at least one of the following:

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

(2) A high school diploma or its equivalent, and a current Child Development Associate (CDA) credential; provided that he or she earns an associate's or more advanced degree as described in Subsection 170.2(a)(1) within three (3) years of the effective date of these regulations.

(b) Have successfully completed one of the following:

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

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

A primary Caregiver shall reside in the dwelling where the licensed Expanded Home is located.

Associate Caregiver

An Associate Caregiver in an Expanded Home shall be at least eighteen (18) years of age and shall:

Have earned a high school diploma or its equivalent, and a current CDA credential, except that an Associate Caregiver currently working in a licensed expanded home on the effective date of these regulations shall have two (2) years from that date within which to obtain the CDA credential; and

Have successfully completed at least one of the following:

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

At least one year of supervised occupational experience in a District of Columbia licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher, or Assistant Teacher.

4. School-age

- How does the State/territory define school-age (age range): between five years and 18 years of age on or before September 30 of the current school year

- Ratio: 1:6

- Group size: Home 6
o Expanded Home 9-12

- Teacher/caregiver qualifications: A Child Development Home Caregiver shall be at least eighteen (18) years of age and shall:

(a) Have earned a high school diploma or its equivalent; and shall earn a Child Development Associate (CDA) credential within two (2) years of the effective date of these regulations;

(b) Attend at least four (4) child development-related training courses, approved by the District of Columbia Government, per year, for a total of at least twelve (12) hours of professional development annually; and

(c) Successfully complete all health and safety training requirements set forth in this chapter.

An Expanded Home Caregiver shall be at least eighteen (18) years of age and shall:

(a) Have earned at least one of the following:

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

(2) A high school diploma or its equivalent, and a current Child Development Associate (CDA) credential; provided that he or she earns an associate's or more advanced degree as described in Subsection 170.2(a)(1) within three (3) years of the effective date of these regulations.

(b) Have successfully completed one of the following:

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

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

A primary Caregiver shall reside in the dwelling where the licensed Expanded Home is located.

Associate Caregiver

An Associate Caregiver in an Expanded Home shall be at least eighteen (18) years of age and shall:

Have earned a high school diploma or its equivalent, and a current CDA credential, except that an Associate Caregiver currently working in a licensed expanded home on the effective date of these regulations shall have two (2) years from that date within which to obtain the CDA credential; and

Have successfully completed at least one of the following:

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

At least one year of supervised occupational experience in a District of Columbia licensed Child Development Center, or its equivalent in another jurisdiction, as a Center Director, Teacher, or Assistant Teacher.

- 1 child under 2 years of age and 1 to 11 children over 2 years of age: 1:6
2 children under 2 years of age and 1 to 4 children over 2 years of age: 1:6
3 children under 2 years of age and 1 to 6 children over 2 years of age 1:3 (but at least 2 Caregivers)
4 children under 2 years of age and 1 to 8 children over 2 years of age 1:3 (but at least 2 Caregivers)
5 children under 2 years of age and 1 to 4 children over 2 years of age 3 Caregivers
6 children under 2 years of age and 1 to 3 children over 2 years of age
3 Caregivers

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

c) In-home CCDF providers:

1. Describe the ratios. Providers may not exceed the age ratio or group size for any part of the day.
2. Describe the group size. In-home and relative care providers may only care for a maximum of five children.
3. Describe the threshold for when licensing is required. In-home and relative care providers must obtain a license to care for six children.
4. Describe the maximum number of children that are allowed in the home at any one time. In-home and relative care providers may only care for a maximum of five children at any time.
5. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size. In-home and relative care providers may only care for a maximum of five children inclusive of the providers children that may be related
6. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day. Providers may not exceed the age ratio or group size for any part of the day.

5.2.2 Health and safety standards for CCDF providers.

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

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

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

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Communicable diseases – A disease identified as a communicable disease, including without limitation any illness due to an infectious agent or its toxic product, which is transmitted directly or indirectly to a well person from an infected person, animal, or ectoparasite; or any illness due to an infectious agent or its

toxic product which is transmitted through the agency of an intermediate host, vector, or by exposure within the immediate environment. Communicable disease also shall mean any disease occurring as an outbreak of illness or toxic conditions, regardless of etiology in an institution or other identifiable group of people.

A Licensee shall take the following actions under the following circumstances:

- A child who exhibits one (1) or more symptoms of an illness identified in Subsection 151.2, upon arrival, shall not attend the Facility that day;

- If, during the time a child is at the Facility, the Facility staff observes one or more symptoms of an illness identified in Subsection 151.2, the Licensee shall notify the child's parent(s) or guardian(s) immediately. A Licensee shall require that the parent(s) or guardian(s) remove the child from the Facility within two (2) hours after the notification was provided;

- A Licensee shall isolate a child who exhibits one (1) or more symptoms of an illness identified in Subsection 151.2. The child shall remain within sight and hearing of a staff member; and

- A Licensee shall ensure that a child who exhibits one (1) or more symptoms of an illness identified in Subsection 151.2 does not share any personal hygiene, grooming items, or food.

A Licensee shall exclude a child from a Facility while exhibiting symptoms of illness including, but not limited to, the following:

- Diarrhea (loose, watery, or bloody stools);

- Vomiting two (2) or more times in a twenty-four (24) hour period;

Body rash with any fever;

Sore throat with any fever or swollen glands;

Abnormal discoloration of the skin;

Any fever accompanied by a rash, vomiting, diarrhea, earache, irritability, or confusion;

Any other symptom indicative of a reportable communicable disease, as such is defined in 22-B DCMR Chapter 2, or in any superseding document.

A Licensee shall observe each child for the presence of the following symptoms of illness, that may indicate a medical problem, which may require exclusion from the Facility, isolation from other children, and consultation with the child's parent(s), guardian(s), or licensed health care practitioner(s):

(a) Fever;

(b) Lethargy or inability to walk;

(c) Respiratory problems, including increased respiratory rate, retractions in the chest, excessive nasal flaring, audible persistent wheezing, persistent coughing, either productive or nonproductive, severe coughing causing redness or blueness in the face, or difficulty in breathing;

(d) Abdominal and urinary system problems, including intestinal parasites, dark urine, white spots in the stool, increased urgency or frequency of urination, or no urination for an entire day;

(e) Cardiac problems, including choking, change in color of the skin, chest pain, or persistent sweating;

(f) Ear problems, including discharge from the ear and/or ear pain;

(g) Throat and mouth problems, including sores on the lips or in the mouth, white patches in the mouth, throat pain, or a dental problem that needs immediate attention; and

(h) Injuries, including persistent bleeding, oozing wounds, apparent fracture, complaint of persistent bone pain or stiffness, or difficulty with the movement of any extremity.

A child who exhibits one (1) or more symptoms of an illness identified in Subsection 151.2, and who has been treated for the symptom(s) by a licensed health care practitioner, may be readmitted to the Facility only with written permission, and written instructions for continuing care if needed, from a licensed health care practitioner.

If a child exhibits mild symptoms of illness and/or discomfort, the Center Director, or his/her designee, or the Caregiver, in consultation with the child's parent(s) or guardian(s), shall decide whether the child should be immediately discharged from the Facility or discharged at the end of the day. This decision shall consider the following:

(a) Whether the illness prevents the child from participating comfortably in activities;

(b) Whether the illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children; and

(c) Whether the illness poses a risk of spread of harmful diseases to others.

Staff members who exhibit one (1) or more symptoms of an illness identified in Subsection 151.2, and who have been treated for the symptom(s) by a licensed health care practitioner, may return to work with written permission from a licensed health care practitioner.

Staff members who, after having experienced conditions that affect the ability to perform required duties, have been treated for said condition(s) by a licensed health care practitioner, may return to work with written permission from a licensed health care practitioner.

Staff members who after serious or prolonged illness, have been treated for said illness by a licensed health care practitioner, may return to work with written permission from that licensed health care practitioner.

A Licensee shall ensure that each child attending a Facility shall, prior to the child's first day of

services and at least annually thereafter, submit to the Facility and to OSSE upon request, appropriate, complete documentation of a comprehensive physical health examination, which shall include evidence of age-appropriate health examinations or screenings and up-to-date immunizations, and, for each child three (3) years of age or older, evidence of an oral health examination. Each examination shall have been performed by a licensed health care practitioner within one (1) year prior to the date of submission of the complete documentation.

A Licensee shall provide a sixty (60) day grace period from the first day of service to submit documentation required in Subsection 152.1 for a child experiencing homelessness or a child who is a ward of the District in foster care.

Pursuant to D.C. Official Code §§ 38-501 et seq. and 22-B DCMR §§ 130.1 et seq., each child shall be immunized according to the requirements set forth in 22-B DCMR §§ 131-137 before entering the Facility, unless the child is part of a group exempted from this requirement in Subsection 152.10.

In addition to the information otherwise required under this section, each parent or guardian of a child under six (6) years of age attending a Facility shall submit, and the Licensee shall maintain and provide to OSSE upon request, documentation with respect to blood tests for lead poisoning as follows:

(e) Documentation, preferably in the form of a Certificate of Testing for Lead Poisoning, that the child was tested between the ages of six (6) months and fourteen (14) months, and again between the ages of twenty-two (22) months and twenty-six (26) months; or

(f) If the child was not tested before the age of twenty-six months (26), the child was or will be screened two (2) times before the age of six (6) years. Lead test results will be valid for two (2) months from date of testing and the results will not exclude a child from school-related programs or activities.

Blood tests for lead poisoning shall be conducted, and results shall be disseminated and maintained, in accordance with the Childhood Lead Poisoning Screening and Reporting Act of 2002, effective October 1, 2002 (D.C. Law 14-190; D.C. Official Code §§ 7-871.01 et seq.).

Licensee shall maintain documentation at the Facility at all times evidencing that enrolled children have received all required immunizations, health and oral examinations, or evidence that a child is exempted from a requirement, pursuant to Subsection 152.10.

An enrolled child's compliance with requirement to have annual health and oral examinations shall include a thirty (30) day grace period from the child's birthday or date of required annual examination for parents to meet all required health and oral examinations.

An enrolled child's compliance with the requirement to be immunized, shall include a ten (10) day grace period from the child's birthday or date of required annual immunization for all required immunizations.

An enrolled child's compliance with the requirement to be immunized and have health and oral examinations shall include a sixty (60) day grace period from the first day of service for a child experiencing homelessness or a ward of the District in foster care.

The following groups are exempted from receiving the immunizations required in Subsection 152.3:

(g) Children whose parents object on religious grounds; and

(h) Children whose medical condition requires that immunizations not be given or for whom immunization is determined to be not medically advisable.

If immunizations have not been administered because of a medical condition, the child's parent(s) or guardian(s) shall provide documentation from the child's licensed health care provider stating that because of a medical condition the child should not receive a particular immunization.

If immunizations have not been administered because of the child's parent(s) or guardian(s)' religious beliefs, the parent(s) or guardian(s) shall provide documentation stating that they have a good faith religious objection to immunizing their child to the Licensee.

If unimmunized children are exposed to a vaccine-preventable disease at the Facility, the Licensee shall contact the Department of Health to determine the action they should take (if any) related to the unimmunized children.

List the citation for these requirements. Sections 5-A151 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A (5 5-A DCMR § 5-A151)

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

Describe any variations based on the age of the children in care. N/A

Describe if relatives are exempt from this requirement. Relatives are exempt from this requirement

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

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensee that provides care for one (1) or more infants shall comply with the latest recommendations of the American Academy of Pediatrics ("AAP") with regard to safe sleep practices and reducing the risk of Sudden Infant Death Syndrome including any recommendation made by the AAP after the effective date of these regulations. If the AAP's latest recommendations differ from the requirements of this section, the Licensee shall comply with the latest recommendations from the AAP.

(2) A Licensee that provides care for one (1) or more infants shall comply with the following requirements with regard to infant sleep and play position:

- Unless otherwise ordered by a physician or other qualified health care practitioner, each infant shall be placed on his or her back for sleeping;

- Each infant shall be placed on his or her stomach for some part of the day that he or she is awake and under staff supervision;

- A positioning device shall not be used to restrict the movement of an infant unless such device is ordered by a physician or other qualified health care practitioner;

- Soft materials or objects, such as pillows, quilts, comforters, sheepskins, blankets, and stuffed toys, shall not be permitted in an infant's sleep environment;
- Bumper pads shall not be used in an infant's crib;
- An infant shall not be put to sleep on a sofa, soft mattress, waterbed, chair, cushion, or other soft surface; and
- An infant shall be removed from his or her crib for all feedings, and shall not be fed by means of a propped bottle.

(3) If there is a medical reason a child cannot sleep on his/her back, then the Licensee shall obtain a signed statement from the child's health practitioner stating a different sleep position is required. This statement shall remain in the child's record at the Facility.

List the citation for these requirements. Section 5A-146 of the District Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR § 146)

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

Describe any variations based on the age of the children in care. N/A

Describe if relatives are exempt from this requirement. Relatives are exempt from this requirement

3. Administration of medication, consistent with standards for parental consent
Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensee shall not administer medication or treatment to a child in care, with the exception of emergency first aid, whether prescription or non-prescription, unless:

(d) 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;

(e) A licensed health care practitioner has approved the administration of the medication and the medication dosage; and

(f) The individual administering the medication has completed an approved medication training program or the individual is a registered nurse, licensed practical nurse, or medication technician certified by the District of Columbia Board of Nursing to administer medication to children in care.

A Licensee shall not administer prescription medication to a child unless at least one (1) dose of the medication has been given to the child at home at a previous date or time.

If medication is by prescription, it shall include a label from the pharmacy or a licensed health care practitioner with the following:

- (a) The child's name;
- (b) The date of the prescription;
- (c) The name of the medication;
- (d) The medication dosage;
- (e) The administration schedule;
- (f) The method of administration;
- (g) If applicable, special instructions, such as "take with food";
- (h) The duration of the prescription;
- (i) An expiration date that states when the medication is no longer useable; and
- (j) The name and telephone number of the child's licensed health care practitioner.

Medication shall be administered according to the instructions on the label of the medication container or a licensed healthcare practitioner's written instructions, whichever is most recently dated.

A Licensee shall maintain a medication log, on a form approved by OSSE. Each time medication is administered to a child, a staff person shall enter the date, time of day, medication, medication dosage, method of administration, and the name of the person administering the medication in the medication log.

For each child for whom medication is administered at the Facility, a Licensee shall obtain a daily written statement from the parent or guardian, indicating when the last dose was administered prior to the child's arrival to the Facility. A Licensee shall add the information from the written statement to the medication log described in Subsection 153.5.

A Licensee shall maintain all records pertaining to the administration of each medication to each child for a period of at least three (3) years after the administration of said medication. The record shall include the written medical prescription or order from the licensed health care practitioner, the written instructions and authorization of the parent(s) or guardian(s), and the completed medication log. A Licensee shall make these records available for review by OSSE upon request.

After receiving written consent from a child's parent(s) or guardian(s), a Licensee may apply nonprescription topical ointments, including petroleum jelly, diaper rash products, sunscreen, or insect repellent supplied by the child's parent(s) or guardian(s) without prior approval of a licensed health care practitioner.

Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record.

Each medication, whether prescription or non-prescription, shall be:

(i) Labeled with the child's name, the dosage, and the expiration date;

(j) Stored in its original container as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and

(k) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation of use for proper disposal.

A Licensee shall ensure that, unless otherwise indicated by a written medical prescription or order, each medication requiring refrigeration is maintained at a temperature between thirty-six degrees Fahrenheit (36°F) and forty-six degrees Fahrenheit (46°F). All refrigerated medications are to be kept in a separate storage container within the Facility's refrigerator to prevent potential cross-contamination with foods and beverages.

Before a child may self-administer medication while in care, a Licensee shall:

(l) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; and

(m) In consultation with the child's parent, establish a written procedure for self-administration of medication by the child based on the physician's written order.

If the child fails to follow the written procedure required by Subsection 153.12, a staff member shall administer any remaining medication dosage, document the administration of medication, and notify the child's parent of such administration.

List the citation for these requirements. Section 5A-153 of the District Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §153)

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

Describe any variations based on the age of the children in care. N/A

Describe if relatives are exempt from this requirement. Relatives are exempt from this requirement

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

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

- Instructions regarding the food to which the child is allergic and steps that need to be taken to avoid that food; and

- A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive

in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications.

Based on a child's care plan, the Licensee shall ensure that the staff members are trained to:

- Prevent exposure to the specific food to which the child is allergic;
- Recognize the symptoms of an allergic reaction; and
- Treat allergic reactions.

The written care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction shall be carried on field trips.

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.

A Licensee shall prominently post food allergy notifications near the Facility's entrance and in each classroom of an enrolled child with food allergies. This notification shall not include the child's name or any other identifying

List the citation for these requirements. Section 5A-154 of the District Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §154)

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

Describe any variations based on the age of the children in care. N/A

Describe if relatives are exempt from this requirement. Relatives are exempt from this requirement

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

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensee shall ensure that every building or part thereof that is used as a Facility, is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by District and federal laws and regulations with written certification of compliance from the appropriate regulatory bodies governing zoning, building construction and safety, sanitation, and fire safety.

A Licensee shall, at all times, maintain adequate indoor space for the daily program measured on the inside wall-to-wall dimensions, as follows:

(i) A minimum of forty-five square feet (45 ft²) of program space per infant;

(j) A minimum of thirty-five square feet (35 ft²) of unencumbered program space per toddler and child; or

(k) A minimum of forty-five square feet (45 ft²) of encumbered program space per child.

A Licensee shall ensure that exits are:

(l) Clearly identified;

(m) Free of all obstructions; and

(n) Arranged or marked so the path to exit the building is visible and clear.

A Licensee shall not operate any other business that may either impact the health and safety of the children and staff or interfere with the overall operation of the Facility on the same premises that is licensed by OSSE as a Facility.

A new or revised Certificate of Occupancy or Home Occupation permit shall be required:

(o) At the time of any major modification or alteration of any existing premises or structure used by the Facility, but prior to the continued use of the modified or altered portions of the premises or structure for child development purposes;

(p) Prior to the use of any portion of the premises or structure that was not previously inspected and approved for use by DCRA as a Child Development Facility;

(q) Prior to submitting an application to increase the number of children under thirty (30) months of age to be enrolled at the Child Development Facility; and

(r) Prior to submitting an application for a change in licensure capacity of the Child Development Facility.

A Licensee shall undergo a fire safety inspection and shall, annually, obtain certification from FEMS that the premises conform to all applicable fire safety and related codes.

A Licensee shall, at its own expense, undergo an additional fire safety inspection under the following circumstances:

(s) At the time of any major modification or alteration of any existing premises or structure used by the Facility, but prior to the continued use of the modified or altered portions of the premises or structure for child development purposes;

(t) Prior to the use of any portion of the premises or structure that was not previously inspected and certified as conforming to the applicable fire and safety related codes for use as a Child Development Facility;

(u) Prior to submitting an application to increase the number of children under thirty (30) months of age to be enrolled at the Child Development Facility; and

(v) Prior to submitting an application for a change in licensure capacity of the Child Development Facility.

A Licensee shall ensure that a Facility is free of any lead-based paint hazards.

A licensed Facility shall be accessible for children and adults with disabilities, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play areas, meal and snack areas, and all classroom and therapy areas.

All program space that children use shall be heated, cooled, and ventilated to maintain the required temperatures, and air exchange to avoid accumulation of odors and fumes.

A Licensee shall ensure that:

(w) All access points to stairs are restricted by gates;

(x) All doors or windows are protected with guards that prevent exit by a child; and

(y) All blinds have child protective coverings ensuring cords are not accessible to children.

A Licensee shall ensure that the Facility is free of moisture, mold, and mildew, including but not limited to, moisture resulting from water leakage or seepage.

A Licensee shall ensure that waste receptacles have a hands-free opening mechanism, are kept clean, lined with plastic bags, in good repair, and emptied at least daily.

A Licensee shall ventilate program space by mechanical ventilation, such as fans, air conditioning, or at least one (1) operable window. The following criteria shall apply to mechanical ventilation units and windows:

(z) A freestanding fan shall be placed in a stable location, have a stable base, be equipped with a protective guard, and be inaccessible to children;

(aa) Windows, including windows in doors, when utilized for ventilation purposes, shall be securely screened to prevent the entry of insects;

(bb) Windows accessible to children under five (5) years of age that are above ground level of the building shall be adjusted to limit the opening to less than six (6) inches or be protected with guards that do not block natural lighting; and

(cc) A Facility with glass doors shall place decals at the eye level of the children in its care.

A Licensee shall not use space heaters unless it has received express approval, in writing, from an official of FEMS. If provide written approval, space heaters shall:

(dd) Be attended while in use and be off when unattended;

(ee) Be inaccessible to children at all times;

(ff) Have protective covering to keep hands and objects away from the electric heating element;

(gg) Be placed on the floor only and at least three (3) feet from curtains, papers, furniture, and any flammable object;

(hh) Be properly vented, as required for proper functioning;

(ii) Not be used with an extension cord; and

(jj) Be used in accordance with the manufacturer's instructions.

A Licensee shall ensure that fireplaces and fireplace inserts are inaccessible to children at all times.

A Licensee shall maintain hot and cold running water under pressure. Hot running water shall be maintained at one hundred degrees Fahrenheit (100°F).

A Licensee shall ensure that the Facility's premises remain clear of insects, rodents, and other pests and excrement of insects, rodents, and other pests.

A Licensee shall maintain preventative measures to control insects, rodents, and other pests to comport with best practices and to prevent and eliminate harborage, breeding, and infestation at the Facility's premises. If a harboring, breeding, or infestation of insects, rodents, or other pest occurs on the premises of the Facility, the Licensee shall immediately report the infestation to OSSE as an unusual incident and take immediate steps to have the insects, rodents, or other pests eliminated from the Facility.

A Licensee shall maintain at the Facility a log documenting the use of extermination services, which shall be provided only by a licensed pest control professional. Children shall not be present while pesticides are being applied or within twenty-four (24) hours of application.

A Licensee shall install and maintain working carbon monoxide detectors if there is any gas service in the building. Carbon monoxide detectors shall be tested every six (6) months with a written log of testing records maintained at the Child Development Facility.

A Licensee shall install and maintain an appropriate number of working smoke detectors located in locations consistent with District code requirements and shall ensure they are in working order at all times. Smoke detectors shall be tested quarterly with a written log of testing records maintained at the Child Development Facility.

A Licensee shall perform fire drills, at least monthly, with a written log of the fire drills maintained at the Child Development Facility.

A Licensee shall maintain adequate storage space for play and teaching equipment, supplies, records, and children's possessions and clothing.

List the citation for these requirements. Section 5A-122 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §122)

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

Describe any variations based on the age of the children in care. N/A

Describe if relatives are exempt from this requirement. Relatives are exempt from this requirement

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensed Child Development Facility ("Licensee"), including any staff, substitutes, volunteers, individual residing on the premises of the Facility, or any other individual connected with the Facility shall not subject a child to abuse, neglect, mental injury, or injurious treatment.

A Licensee shall:

(a) 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;

(b) Require staff to immediately report, and to cooperate with officials investigating, alleged or actual child abuse or neglect, or alleged or actual risk to an enrolled child's health, safety, or welfare;

(c) If any staff member is identified as responsible for alleged or actual child abuse or neglect, or alleged or actual risk to an enrolled child's health, safety, or welfare, the Licensee shall immediately place that staff member on administrative leave or reassign the staff member to duties

involving no contact with children until the investigation conducted by authorized District of Columbia government officials is complete and that investigation establishes that the staff member is not responsible for the alleged child abuse or neglect; and

(d) 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.

List the citation for these requirements. Section 5-A147 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A1 (5 5-A1 DCMR § 5-A147)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
 - Describe any variations based on the age of the children in care. This regulation is not based on the age of the child.
 - Describe if relatives are exempt from this requirement. There are no variations
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford

Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensee shall conduct practice emergency evacuation and disaster drills, in accordance with requirements set forth by FEMS. The drills shall include all groups of children and all staff, and shall be conducted at least twice a year, at varying times during the program day. A Licensee shall document the date, time, and duration of each such evacuation drill, the number of children and staff participating, and the weather conditions.

A Licensee shall maintain a complete log of all documented practice evacuation drills for at least five (5) years.

A Licensee shall develop and implement specific procedures for the safe and prompt evacuation of infants, toddlers, and non-ambulatory children.

A Licensee shall develop and maintain an emergency and disaster plan with established procedures for the following:

- Evacuations and clearly marked evacuation routes;
- Relocating staff and children to a safe evacuation site during an emergency;
- Sheltering in place if evacuation is not possible;
- Lock-down procedures in the event of an emergency

Notifying parents and guardians about an emergency;

Notifying parents and guardians when an emergency has ended and the process for reuniting parents and guardians with their children;

Addressing the needs of children during an emergency;

Contacting local emergency authorities;

Listing essential local emergency contacts; and

Posting the Emergency and Disaster plan in a conspicuous place at the Facility's premises.

A Licensee shall review and update the emergency and disaster plan annually.

A Licensee shall provide training to all staff annually on the emergency and disaster plan.

A Licensee shall inform and update parents and guardians of enrolled children at least annually

about the Facility's emergency and disaster plan.

A Licensee shall provide at least one working, non-pay, stationary telephone accessible to staff at each Facility building.

A Licensee shall register with AlertDC, or any successor notification system, administered by the Homeland Security and Emergency Management Agency, for immediate notification of emergency alerts and notifications.

A Licensee shall maintain a three (3) day supply of water, staple food, and supplies for each enrolled child and staff member.

When non-ambulatory children are enrolled in a Facility at street level, a Licensee shall be equipped with a ratio of one (1) evacuation crib for every four (4) non-ambulatory children to be used during emergency evacuations.

When non-ambulatory children are enrolled in a Facility that has approval to operate above or below street level, a Licensee shall be equipped with a ratio of one (1) evacuation crib for every two (2) non-ambulatory children to be used during emergency evacuations.

- List the citation for these requirements. Section 5A-148 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §148)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). In-home and relative care is exempt from this requirement.
- Describe any variations based on the age of the children in care. There are no variations.
- Describe if relatives are exempt from this requirement. In-home and relative care is exempt from this requirement.

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

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensee shall ensure that all cleaning and sanitizing supplies, toxic substances, paint, poisons, aerosol containers, and other items bearing warning labels are safely stored and are kept in a secure area, inaccessible to the children at all times.

A Licensee shall ensure that the telephone number for the local Poison Control Center is posted in a location where it is readily available in an emergency situation.

- List the citation for these requirements. Section 5A-149 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §149)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
- Describe any variations based on the age of the children in care. N/A
- Describe if relatives are exempt from this requirement. In-home and relative care is exempt from this requirement

9. Precautions in transporting children (if applicable)

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensee that rents, owns, operates, or maintains one or more motor vehicles used for transporting children shall comply with all applicable federal and District of Columbia laws and regulations governing the maintenance and operation of motor vehicles and the transportation of children.

A Licensee that enters into contracts with other entities for the provision of transportation services shall obtain a signed attestation from the entity that the transportation service complies with the requirements of this section and with all other applicable laws and regulations pertaining to the provision of transportation services.

A Licensee shall establish and implement policies and procedures intended to ensure the safe transportation of children, including background checks, and policies and procedures for the training and monitoring of any person responsible for the transportation of enrolled children.

A Licensee transportation policies and procedures shall address alternative transportation means to be employed if the Facility's primary vehicle breaks down or is otherwise unavailable for use.

Before any child may be transported while under the care of a Facility, the Licensee shall obtain signed permission from the child's parent(s) or guardian(s).

A Licensee that rents, owns, operates, or maintains one or more motor vehicles used for transporting children shall label the exterior of each such vehicle, with the Facility's licensed name and phone number.

A Licensee that rents, owns, operates, or maintains one or more motor vehicles used for transporting children shall maintain proof of current motor vehicle insurance coverage for each such vehicle, both at the Facility premises and inside the vehicle.

A Licensee that rents, owns, operates, or maintains one or more motor vehicles used for transporting children shall ensure that only licensed drivers who are covered by the Facility's insurance policy operate any such vehicle when transporting enrolled children.

A Licensee shall immediately notify OSSE of any traffic accident involving children being transported while under the care of the Facility. A Licensee shall also submit a written report to OSSE in accordance with Section 128 (Reporting Unusual Incidents), on a form approved by OSSE, within twenty-four (24) hours of the accident, and shall include a copy of the police report regarding the accident, if available.

A Licensee that rents, owns, operates, or maintains one or more motor vehicles used for transporting children shall ensure that each such vehicle is maintained in a clean and mechanically safe condition, as verified by a current inspection sticker from the District of Columbia Department of Motor Vehicles or the equivalent agency in another state and by the Facility's own maintenance records.

A Licensee that rents, owns, operates, or maintains one or more motor vehicles used for transporting children shall maintain an inspection log and service and repair records for each such vehicle on file for at least twelve (12) months from the date of each inspection, service visit, or

repair. A person or parent entity that operates multiple licensed Facilities may maintain all such records at a single administrative office, provided that the records are made available to OSSE upon request.

A Licensee shall ensure that no staff member who has been convicted in any jurisdiction of Driving While Intoxicated (DWI), Driving under the Influence of Alcohol or Drugs (DUI), or an equivalent offense within the previous three (3) years, transports any enrolled children by motor vehicle, to or from the Facility. A Licensee shall also prohibit any other person, including a parent, guardian, or volunteer, who has been convicted of a DWI, DUI, or an equivalent offense within the previous three (3) years, from transporting any children (other than their own) who are enrolled at the Facility, by motor vehicle, to or from the Facility, and shall advise all parents, guardians, and volunteers of this policy in writing.

If the primary driver identified by a Facility becomes unavailable, the Licensee shall identify and utilize a substitute driver who meets the requirements of this section.

A Licensee shall ensure that no driver engages in distracting activities including, but not limited to, smoking, drinking, eating, listening to music, texting, talking on the phone, and using of any other portable devices, while transporting enrolled children.

A Licensee shall ensure that each child transported in a motor vehicle while under the care of the Facility is properly restrained in an approved child safety restraint system or a seat belt, as required by applicable District of Columbia laws and regulations.

A Licensee shall ensure that no child, staff member, or volunteer stands or sits on the floor of a vehicle while the vehicle is in motion, and that no child is held on another person's lap while the vehicle is in motion.

A Licensee shall ensure that all vehicle doors remain locked at all times, except when staff, volunteers, the driver, or children are boarding or departing the vehicle.

A Licensee shall ensure that no child is left unattended in a vehicle at any time, regardless of conditions.

A Licensee shall maintain a safe vehicle loading and unloading area for children on or adjacent to the Facility's premises.

A Licensee shall ensure that identification is securely attached to each child participating on a field trip and that the identification contains the Facility's licensed name, address, telephone number, and, if applicable, any emergency contact telephone number.

A Licensee shall ensure that the following items are present in each vehicle when transporting children on field trips or other routine trips:

(n) A transportable first aid kit;

(o) A working and regularly serviced fire extinguisher;

(p) A supply of drinking water sufficient for the duration of the trip for all children in the vehicle;

(q) A minimum of two (2) large clean towels or blankets;

(r) Emergency contact information and telephone numbers for each parent(s) or guardian(s) of each child in the vehicle;

(s) A copy of the signed Emergency Medical Treatment Authorization form, as required by Subsection 130.2(j) of this chapter, for each child in the vehicle;

(t) A cellular phone or a two-way radio;

(u) A working flashlight; and

(v) If children are being transported in a bus, van, or other large vehicle, a footstool or equivalent aid sufficient to enable all children to safely board and disembark from the vehicle.

A Licensee shall ensure that at least one staff member trained and currently certified in First Aid and CPR for children is present in each vehicle when children are being transported.

- List the citation for these requirements. Section 5A-158 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5A DCMR §158)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
- Describe any variations based on the age of the children in care. N/A
- Describe if relatives are exempt from this requirement. In-home and relative care is exempt from this requirement.

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

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensee shall ensure that all staff members shall possess current and valid certification appropriate to the age of children served by the Facility in first aid and CPR.

A Licensee shall have at all times at least two (2) staff members at the premises and readily available to administer first aid and CPR for children, unless a caregiver in a child development home is serving no more than six (6) children with only two children being under the age of two.

A Licensee shall maintain at the Facility premises a quantity of first aid supplies sufficient to meet the Facility's reasonably expected needs, based on the size of the Facility, the ages and developmental abilities of the enrolled children, and the Facility's program of activities. A Licensee shall maintain these supplies in a designated location that is readily available to staff and inaccessible to children.

For every twenty-five (25) children, a Licensee shall maintain a first aid kit that includes, but is not limited to the following supplies:

- A current edition of the first aid text published by the American Academy of Pediatrics, the American Red Cross, or an equivalent community first aid guide;
- Telephone number(s) of the local Poison Control Center;
- One (1) roll of one-half inch (½ in.) non-allergenic adhesive tape;
- One (1) roll of two-inch (2 in.) gauze roller bandage;
- Ten (10) individually wrapped sterile gauze squares in assorted sizes;
- Twenty-five (25) adhesive compresses, such as Band-Aids, in assorted sizes;
- Three (3) clean cotton towels or sheeting pieces, approximately twenty- four by thirty-six inches (24 in. x 36 in.) each;

One (1) pair of scissors;

Safety pins in assorted sizes;

One (1) working flashlight;

One (1) non-mercury, non-glass thermometer;

One (1) measuring tablespoon or dosing spoon;

One (1) pair of tweezers;

One-third cup (1/3 c.) of powdered milk for dental first aid (for mixing to make a liquid solution);

Rubbing alcohol and alcohol swabs;

Cotton balls;

One (1) ice pack or gel pack;

Liquid sanitizer;

Sanitary soap;

Disposable, nonabsorbent latex free or non-powdered latex free gloves;

All items needed for disposal of blood-borne pathogens;

Eye patch or dressing;

Pen or pencil and notepad;

Wipes;

Whistle; and

One-way valves for infants (if served), young children, and adults.

A Licensee shall inspect and take inventory of its first aid supplies at least weekly, and replenish them as needed. Replenishment shall include:

(w) Removing and replacing sterile supplies if the package has been opened or damaged, or if the expiration date on the package has been reached; and

(x) Replacing all supplies as they are used, expired, or become damaged.

A Licensee shall maintain one (1) transportable first aid kit, in addition to the complete first aid kit, which shall include:

(d) A current edition of the first aid text published by the American Academy of Pediatrics, the American Red Cross, or an equivalent community first aid guide;

(e) Telephone number(s) of the local Poison Control Center;

(f) One (1) roll of one-half inch (½ in.) non-allergenic adhesive tape;

(g) One (1) roll of two-inch (2 in.) gauze roller bandage;

(h) Ten (10) individually wrapped sterile gauze squares in assorted sizes;

(i) Twenty-five (25) adhesive compresses, such as Band-Aids, in assorted sizes;

(j) One (1) pair of scissors;

(k) Safety pins in assorted sizes;

(l) One (1) working flashlight;

(m) One (1) pair of tweezers;

(n) Rubbing alcohol and alcohol swabs;

(o) Cotton balls;

(p) One (1) ice pack or gel pack;

(q) Liquid sanitizer;

(r) Disposable, nonabsorbent latex free or non-powdered latex free gloves;

(s) Pen or pencil and notepad;

(t) Wipes;

(u) Whistle; and

(v) One-way valves for infants (if served), young children, and adults.

A Licensee shall ensure that the transportable first aid kit also include:

(a) List of children in attendance, organized by the staff member they are assigned to, and each child's emergency contact information;

(b) Special care plans for children who have them;

(c) Emergency medications or supplies as specified in the special care plans;

(d) List of phone numbers for the Poison Center, nearby hospitals or other emergency care clinics, and other community resource agencies; and

(e) Written transportation policy and contingency plans.

A Licensee shall ensure that a transportable first aid kit is taken along by Facility staff on each outing, and when children under the care and supervision of the Facility are being transported.

- List the citation for these requirements. Section 5A-150 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §150)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
- Describe any variations based on the age of the children in care. N/A
- Describe if relatives are exempt from this requirement. In-home and relative care is exempt from this requirement.

11. Recognition and reporting of child abuse and neglect

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensed Child Development Facility ("Licensee"), including any staff, substitutes, volunteers, individual residing on the premises of the Facility, or any other Individual connected with the Facility shall not subject a child to abuse, neglect, mental injury, or injurious treatment.

A Licensee shall:

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;

Require staff to immediately report, and to cooperate with officials investigating, alleged or actual child abuse or neglect, or alleged or actual risk to an enrolled child's health, safety, or welfare;

If any staff member is identified as responsible for alleged or actual child abuse or neglect, or alleged or actual risk to an enrolled child's health, safety, or welfare, the Licensee shall immediately place that staff member on administrative leave or reassign the staff member to duties involving no contact with children until the investigation conducted by authorized District of Columbia government officials is complete and that investigation establishes that the staff member is not responsible for the alleged child abuse or neglect; and

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.

- List the citation for these requirements. Section 5A-147 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §147)
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
 - Describe any variations based on the age of the children in care. N/A
 - Describe if relatives are exempt from this requirement. In-home and relative care is exempt from this requirement.
- a) The Lead Agency may also include optional standards related to the following:
1. Nutrition

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensee shall ensure that planned daily menus, and the foods that are actually served by the Facility, are varied, suitable to the ages and developmental levels of the children, and consistent with the meal pattern requirements and nutrition standards specified by the Child and Adult Care Food Program.

A Licensee shall plan and publicly post menus for all foods served, including snacks, and shall modify the menus as necessary to reflect foods actually served. A Licensee shall maintain the menus at the Facility's premises for at least three (3) years.

A Licensee shall have at least one (1) staff member present at all times when meals are being prepared or served who is certified as a Food Protection Manager in accordance with the District of Columbia Food Code, 25-A DCMR. The staff member shall have a valid and current certification.

A Licensee shall ensure that staff responsibilities concerning food preparation and service do not reduce the adult-to-child ratios for staff actively supervising children below the levels specified in this chapter or interfere with the implementation of the Facility's program of activities.

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

A Licensee shall request and obtain, if applicable, from a child's parent(s) or guardian(s) all relevant information regarding dietary restrictions and food allergies for that child upon the child's admission to the Facility, and the Licensee shall record this information in the child's file.

A Licensee shall request at least annually and if applicable obtain from a child's parent(s) or guardian(s) updated information regarding the child's dietary restrictions and food allergies.

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

A Licensee shall serve a special therapeutic diet to a child 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.

A Licensee shall provide and ensure that each child uses, at each meal or snack, clean and sanitary individual eating and drinking utensils. Reusable utensils shall be washed and sanitized after each use.

A Licensee that serves food provided by the parent(s) or guardian(s) shall:

(a) Establish and implement written policies and procedures to be followed if the food provided does not meet the requirements in this section; and

(b) Ensure that food provided by the parent(s) or guardian(s) shall not be co-mingled with food prepared at the Facility and may be stored in a separate refrigerator.

A Licensee shall ensure that powdered milk or reconstituted evaporated milk is not served as a substitute for fluid milk for drinking. A Licensee may use powdered milk or reconstituted evaporated milk for cooking.

A Licensee shall make drinking water continuously available to all children and serve drinking water on demand.

A Licensee shall ensure that appropriately timed meals and snacks, consistent with the Child and Adult Care Food Program, that meet the nutritional requirements of the child are served according to the following schedule, based on the number of hours a child is present at the Facility. If the child is present for:

(c) Two (2) to four (4) hours, child receives one (1) snack or one meal;

(d) Four (4) to six (6) hours, child receives one (1) meal and one (1) snack or two meals;

(e) Seven (7) to eleven (11) hours, child receives two (2) meals and one (1) snack or two (2) snacks and one (1) meal, depending on the time of arrival of the child; and

(f) Twelve (12) hours or more, child receives three (3) meals and two (2) snacks.

- List the citation for these requirements. Section 5A-155 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5A DCMR §155)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
- Describe if relatives are exempt from this requirement. In-home and relative care is exempt from this requirement.

2. Access to physical activity

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A licensed Child Development Facility (“Licensee”) serving children in a full-day program shall ensure that each child, including infants, toddlers, and preschoolers, has a minimum of two (2) hours of active playtime each day, including a minimum of forty-five (45) minutes of outdoor activity, weather permitting. During outdoor play, children shall be dressed appropriately for weather and temperature.

A Licensee shall provide one (1) hour of structured active play and guided physical activity, and one (1) hour of child-initiated unstructured physical activity. A Licensee shall schedule children attending less than a full-day program to participate in a proportionate amount of such physical activities. In inclement weather, a Licensee shall encourage and support active play in a safe indoor play area.

Children shall not be engaged in sedentary activities or activities requiring them to sit passively for more than sixty (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 thirty (30) minutes, twice a day. A Licensee shall ensure that safety straps are used and that infants are supervised when placed in equipment.

A Licensee shall prohibit children less than two (2) years of age from viewing television, videos, or other visual recordings, unless a supervising staff member directly interacts with the children during this viewing time.

A Licensee shall limit viewing of television, videos, or other visual recordings to no more than sixty (60) minutes total per day for children ages two (2) and older.

The only materials that may be viewed shall consist solely of developmentally appropriate educational programming or programs that actively engage child movement. A Licensee shall limit to a proportionate amount of any such viewing for children ages two (2) and older attending less than a full-day program.

Notwithstanding Section 160 (Requirements for a Child Development Facility Operating During

Non-Traditional Hours), a Licensee shall ensure that children enrolled are provided periods of rest, not to exceed three (3) hours per day. The duration and scheduling of activities shall be appropriate in order to prevent fatigue and to meet the physical needs of the enrolled children at the Facility, taking into account the ages and developmental levels of the children. Each child program shall have specific times designated for rest each day.

- List the citation for these requirements. Section 5A-143 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §143)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
- Describe if relatives are exempt from this requirement. In-home and relative care is exempt from this requirement.

3. Caring for children with special needs

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) A Licensee shall make reasonable efforts to determine if any child under its care is a child with a disability, as defined by the Individuals with Disabilities Education Act, (Pub.L 101-476; 20 U.S.C. §§ 1400 et seq.), with an Individualized Family Service Plan (IFSP), and be aware of any obligations that the Licensee may have pursuant to the IFSP.

If a Licensee is provided with a copy of the IFSP as a member of the IFSP team or if the child's parent has provided the IFSP or provided written consent to release the IFSP to the Licensee, the Licensee shall maintain a copy of the child's current at all times during the student's enrollment at the facility.

A Licensee shall provide a child's IFSP service coordinator or service provider access to the Facility in order to provide services pursuant to the child's IFSP.

If the child's IFSP is implemented while in the care of the Licensee, the Licensee shall 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 Licensee shall 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.

A Licensee shall make reasonable efforts to determine if any child under its care is a child with any disability and be aware of the Licensee's obligations to provide any accommodations required by law.

A Licensee shall provide each child with a disability with:

(g) Developmentally appropriate toys and materials;

(h) Developmentally appropriate play equipment which meets the requirements of the

Americans with Disabilities Act, 42 U.S.C. §§ 12101 et seq.;

(i) Appropriate assistance and attention from staff members and volunteers; and

(j) 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.

- List the citation for these requirements. Section 5A-159 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §159)
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A
 - Describe if relatives are exempt from this requirement. In-home and relative care is exempt from this requirement.
4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe: Title 5A Chapter 1 section 157, Requirements for Child Development Facility During Swimming and Water play
- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.)
A Licensee shall maintain constant and active supervision when any child is in or around water. Before an enrolled child may be permitted to swim or otherwise participate in any activity taking place in water one (1) or more feet in depth, the Licensee shall obtain written permission from the child's parent(s) or guardian(s). The written permission shall be signed, dated, and include the following:
 - (a) The child's name;
 - (b) A statement indicating whether the child is a swimmer or a non-swimmer; and
 - (c) A statement indicating that the parent(s) or guardian's grants permission for the child to participate in water activities.
- A Licensee shall 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. If a Facility premises contains a swimming pool or other body of water without a cover, the Licensee must enclose the pool or body of water behind a secure fence that is at least four feet (4 ft.) in height. A Licensee shall ensure that the pool or body of water is inaccessible to children at all times, unless qualified adults are present and supervising the children.
- Exit and entrance points to pools or bodies of water shall have self-closing, positive latching gates with locking devices a minimum of fifty-five (55) inches from the ground.

If a Facility chooses to utilize one (1) or more wading pools, the Licensee shall 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.

A Licensee shall ensure that any swimming site utilized by the Facility that is at a location other than at the Facility's premises is a public site, approved of and regulated by the appropriate local authorities.

A Licensee shall ensure that children are swimming or playing in water, including baby pools, wading pools, and full-depth pools are supervised by at least one (1) adult, who is currently certified as a Lifeguard or Water Safety Instructor by the American Red Cross or by an equivalent water safety instruction and testing program, for every six (6) children.

A Licensee shall ensure when children are swimming or playing in water, including baby pools, wading pools, and full-depth pools, the Licensee shall maintain the following adult-to-child ratios, in addition to complying with the water safety requirements as provided in this chapter:

| <u>AGE OF CHILDREN</u> | <u>ADULT-TO-CHILD RATIO</u> |
|---------------------------|-----------------------------|
| <u>0 - 36 months</u> | <u>1:1</u> |
| <u>3 - 4 years</u> | <u>1:4</u> |
| <u>5 - 6 years</u> | <u>1:6</u> |
| <u>7 -10 years</u> | <u>1:6</u> |
| <u>11 years and older</u> | <u>1:6</u> |

A Licensee shall ensure that when communal water tables are used:

- i. At least one (1) adult for every six (6) children shall be certified in pediatric First Aid and CPR and in attendance. Adult-to-child ratios as set forth in Section 121 shall be maintained;
- ii. Water tables are filled with fresh water immediately before a designated group of children begin a water play activity at the table;
- iii. The basin and toys are washed and sanitized daily;
- iv. Only children without cuts, scratches, and sores on their hands are permitted to use the communal water play table;

- v. Children wash their hands before and after use of the communal water play table;
- vi. No child is permitted to drink water from the water play table;
- vii. Floor and surface areas under and around the water play table are dried during and after play; and
- viii. Bottles, cups, and glasses are not used during water play.

Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

Per Title 5A Chapter 1 Section 160-Requirements For A Child Development Facility Operating During Non-Traditional Hours

Facilities that offer care during non-traditional hours or twenty-four (24) hour care shall comply with all applicable requirements contained in the Child Development Facility Regulations, in addition to the specific requirements listed in this below.

A Licensee shall ensure that each activity is appropriate both for the time of the day or night and for the age of each enrolled child.

A Licensee shall obtain written consent from a child's parent(s) or guardian(s) before Facility staff bathe or shower that child, with the exception that in emergency situations or where necessary to protect a child's hygiene, such as after regurgitation or bedwetting, Facility staff may take appropriate measures to clean an affected child.

A Licensee shall meet the following requirements for rest and sleep:

(a) If a child is in the care of the Facility after 6:00 p.m., on the first day of the child's enrollment, the Licensee shall establish a bedtime routine, in consultation with that child's parent(s) or guardian(s) and taking into account the age and developmental needs of the child and the time of the child's scheduled pick-up from the Facility. A Licensee shall document the routine in that child's record;

(b) A Licensee shall provide each enrolled child with an individual crib, cot, or bed that is appropriate for the child's age and size. If the child will be sleeping for more than four (4) hours and is age and size appropriate, a bed, rather than a cot, shall be provided;

(c) A Licensee shall ensure that bedding, such as sheets or blankets, are changed routinely and before the crib, cot, or bed is used by a different child;

(d) A Licensee shall provide, or shall ensure that each enrolled child's parent(s) or guardian(s) provide, appropriate clothing for the child to wear while sleeping;

(e) A Licensee shall ensure that all cribs, cots, and beds are maintained in a clean and sanitary condition;

(f) If a Facility provides one or more bunk beds for the use of enrolled children, the Licensee shall ensure that no child under seven (7) years of age is placed on a top bunk;

(g) A Licensee shall ensure that all beds, cots, cribs and mattresses have firm surfaces and meet the U.S. Consumer Product Safety Commission's standards;

(h) A Licensee shall ensure that all beds, cots, and cribs, when in use, are placed at least two (2) feet apart, and that each is at least two (2) feet away from any radiator or window;

(i) A Licensee shall ensure that no bed, cot or crib blocks or impedes access to any exit;

(j) A Licensee shall ensure that no other person shares a crib, cot, or bed with an enrolled child;

(k) A Licensee shall ensure that no enrolled child five (5) years of age or older shares a sleeping room with an adult;

(l) A Licensee shall ensure that staff monitor sleeping children at least once every three (3) hours and maintain a written log of this monitoring; and

(m) A Licensee shall provide night-lights near the exit of each room used for sleeping, along each hallway adjacent to a room used for sleeping, and near each bathroom to be used by enrolled children during the overnight hours.

A Licensee that provides non-traditional hours or twenty-four (24) hour care to school-age children shall comply with the following additional requirements:

(a) A Licensee shall establish a homework routine for each school-age child, in consultation with the parent(s) or guardian(s) of that

child, on the first day of enrollment, and shall document the routine in that child's record;

(b) A Licensee shall ensure that each school-age child is afforded quiet time and is provided with a quiet area for doing homework, as needed;

(c) Facility staff or volunteers shall provide assistance with homework, when needed; and

(d) If an enrolled child is to leave for school directly from the Facility, the Licensee shall, on or before the first day of enrollment, enter into a written agreement with that child's parent(s) or guardian(s) that specifies the means by which the child shall get to school and the person(s) responsible for accompanying the child to school. A Licensee shall maintain a copy of this countersigned agreement in the child's record.

A Licensee shall comply with all applicable requirements concerning nutrition that are contained within this chapter, in addition to the following special requirements:

(a) A Licensee shall provide breakfast to each child who has been in care overnight at the Facility and is leaving for school directly from the Facility, unless the Facility and the child's parent(s) or guardian(s) enter into a written agreement specifying that the child will eat breakfast prior to arrival or while at school; and

(b) A Licensee shall provide or serve dinner and a snack to each child scheduled to remain in care overnight, unless the Facility and the child's parent(s) or guardian(s) enter into a written agreement specifying that the child will eat dinner before arriving at the Facility.

A Licensee providing non-traditional hours or twenty-four (24) hour care shall comply at all times with the adult-to-child ratio and staff qualifications requirements provided for in this chapter.

A Licensee shall ensure that staff members are available at all times to attend to the needs of the children, and that at least one (1) adult staff member per every ten (10) children is awake and within sight and sound of the children at all times.

A Licensee shall establish and implement emergency contingency plans to address both medical and non-medical emergencies at all hours of the day or night during which care may be provided, including during natural and man-made emergencies

that require evacuation from the Facility, temporary displacement from the Facility, or confinement to the Facility.

List the citation for these requirements. Sections 5A-157 and 160 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5A DCMR §157 and 160)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by categories of care (licensed centers and FCC) N/A
- Describe if relatives are exempt from this requirement. In-home and relative care is exempt from this requirement.

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
 1. Licensed child care centers: Licensing regulations require specific training topics that must be completed in the first 30 days and 90 days
 2. Licensed FCC homes: Home Caregivers and Expanded Home Caregivers are also required to complete specific training topics in the first 30 days and 90 days
 3. In-home care:
 4. Variations for exempt provider settings:
- b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer) Title 5A Chapter 1 section 139.2 within thirty (30) calendar days of date of hire, each staff member shall receive pre-service training in the health and safety standards of licensed Child Development Facilities in the District of Columbia that, at a minimum, shall include:
 - Child abuse and neglect, prevention, detection and reporting;
 - Emergency preparation and response planning for emergencies resulting from a

natural disaster or a human-caused event;

- Prevention of sudden infant death syndrome and use of safe sleep practices, as applicable;

- Prevention of shaken baby syndrome and abusive head trauma, as applicable; and

- First aid and CPR.

Title 5A Chapter 1 section 139.3 within ninety (90) calendar days of date of hire, each staff member shall receive orientation training in the additional health and safety standards of licensed Child Development Facilities in the District of Columbia that, at a minimum, shall include:

- Developmentally appropriate programming for infants, toddlers, and/or school-age children, as applicable;

Prevention and control of infectious diseases, including immunization;

Administration of medication, consistent with standards for parental or guardian consent;

Prevention of and response to emergencies due to food and allergic reactions;

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

Poison prevention, including the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

The following critical health and safety training must be completed before staff members are allowed to care for children unsupervised:

Prevention of sudden infant death syndrome and use of safe sleep practices, as applicable;

Prevention of shaken baby syndrome and abusive head trauma, as applicable;

First aid and CPR;

Poison prevention, including the handling and storage of hazardous materials and the appropriate disposal of bio contaminants; and

Prevention and control of infectious diseases, including immunization.

- c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)
 - Provide the citation for this training requirement. [Section 5A-139.4e of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §39.4e\)](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
 - Provide the citation for this training requirement. [Section 5A-122 of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 1 \(5 5A DCMR §139.4a\)](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
3. Administration of medication, consistent with standards for parental consent
 - Provide the citation for this training requirement. [Section 5A-139.3.c of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.3.c\)](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
4. Prevention and response to emergencies due to food and allergic reactions
 - Provide the citation for this training requirement. [Section 5A-154 of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §154\)](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic
 - Provide the citation for this training requirement. [Section 5A-139.3.e of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.3.e\)](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
 - Provide the citation for this training requirement. [Section 5A-139.4.b of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.4.3\)](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event
 - Provide the citation for this training requirement. [Section 5A-139.2.b of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.2.b\)](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
 - Provide the citation for this training requirement. [Section 5A-139.3.f of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.3.f\)](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
9. Appropriate precautions in transporting children (if applicable)
 - Provide the citation for this training requirement. [Title 5A Chapter 1 §139.5.a through e](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
10. Pediatric first aid and CPR certification
 - Provide the citation for this training requirement. [Section 5A-139.2.e of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.2.e\)](#)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes

No

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. Section 5-A139.2 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A1 (5 5-A1 DCMR § 5-A139.2)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. Section 5-A139.3.a of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A (5 5-A1 DCMR § 5-A139.3.a) -No be completed within thirty (30) calendar days of date of hire, each staff member shall receive orientation training in the additional health and safety standards of licensed Child Development Facilities in the District of Columbia
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No - To be completed within ninety (90) calendar days of date of hire, each staff member shall receive orientation training in the additional health and safety standards of licensed Child Development Facilities in the District of Columbia

13. Describe other requirements

- a. Per Title 5A Chapter 1, section 139.6 each paid employee of a Facility serving infants, toddlers, and/or preschoolers whose duties or responsibilities include the care of enrolled children shall participate in annual professional development, including annual training that maintains and updates the health and safety standards, as follows:

139.6.a-Child Development Center staff shall participate in at least twenty-one (21) hours of professional development annually;

139.6.b-Child Development Home Caregivers and staff shall participate in at least twelve (12) hours of professional development annually; and

139.6.c-Expanded Home Caregivers and staff shall participate in at least fifteen (15) hours of professional development annually.

- b. Per Title 1 Chapter 5, section 139.7 annual training that maintains and updates the health and safety standards shall include:

139.7.a. Child abuse and neglect, prevention, detection and reporting;

139.7.b. Emergency preparation and response planning for emergencies resulting from a natural disaster or a human-caused event;

139.7.c. Prevention of sudden infant death syndrome and use of safe sleep practices;

139.7.d. Prevention of shaken baby syndrome and abusive head trauma;

139.7.e. First aid and CPR;

139.7.f. Prevention and control of infectious diseases, including immunization;

139.7.g. Administration of medication, consistent with standards for parental or guardian consent;

139.7.h. Prevention of and response to emergencies due to food and allergic reactions;

139.7.i. 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;

139.7.j. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants; and

139.7.k. Identifying, approaching and referring students showing signs of psychological distress to appropriate support services pursuant to Section 115b of the Department of Mental Health Establishment Amendment Act of 2001, effective December 18, 2001 (D.C. Law 14-56; D.C. Official Code § 7-1131.17).

c. Per Title 1 Chapter 5 section 139.8 annual professional development, beyond the health and safety standards, may include:

138.8.a. Developmentally appropriate programming for infants, toddlers, preschool, and/or school-age children, as applicable;

138.8.b. Developmentally appropriate methods of positive behavior intervention and support;

138.8.c. Inclusion of children with special needs, including the Americans with Disabilities Act and the Individuals with Disabilities Education Act; and

138.8.d. Communication and collaboration with parents, guardians, and families;

138.8.e. Community health and social services resources for children and families;

138.8.f. Planning developmentally appropriate programs and activities for children and families;

138.8.g. Enhancing self-regulation and self-esteem in children;

138.8.h. Montessori curriculum, pedagogy, classroom management and other topics specific to the Montessori program, if applicable;

138.8.i. Basic or advanced business practices; and

138.8.j. Any other area as determined by OSSE.

d. Per Title 5A Chapter 1 section 139.9 each staff member may receive the required pre-service training, orientation training, and professional development in a variety of settings, including but not limited to seminars, in person or online courses, workshops, conferences, or association meetings:

139.9. a. Conducted by an OSSE approved trainer or training organization through OSSE's Trainer Approval Program, or any similar program established by OSSE; or

139.9.b. Conducted by institution accredited by the U.S. Department of Education or the Council for Higher Education Accreditation.

e. Per Title 5A Chapter 1 section 139.10 licensee shall maintain, and make available for inspection by OSSE upon request, adequate documentation of each staff member's completion of the required pre-service training, orientation training, and professional development. Acceptable documentation shall include one (1) or more of the following:

139.10.a. A transcript from an institution accredited by the U.S. Department of Education or the Council for Higher Education Accreditation;

139.10.b. Certification of participation from a training source approved by OSSE;

139.10.e. Written documentation verifying completion of training

in First Aid for children, Cardiopulmonary Resuscitation (CPR) for children, or common childhood illnesses, from acceptable sponsoring entities, including the American Red Cross, the American Heart Association, the National Safety Council, and other similarly recognized organizations; or

139.10.d. A signed and dated statement from the trainer, on a form approved by OSSE, verifying the staff member's participation in a training program conducted by a trainer licensed, certified, or otherwise approved by OSSE.

Provide the citation for other training requirements. Section 5-A139.8 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A (5 5-A DCMR § 5-A139.8)

- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

- Licensed child care centers: 21
- Licensed FCC homes: Home Caregivers 12 and Expanded Home Caregivers 15
- In-home care:
- Variations for exempt provider settings: A private, parochial, or independent school is exempt from complying with the requirements of Sections 139.1(d), 139.5, and 139.8, if the school:
 - Is an elementary/secondary educational program, as defined in this chapter;
 - Cares for infants and toddlers on the same premises as the instructional program offered to school-age children;
 - Is accredited by a nationally recognized accrediting body or other body satisfying similar standards as approved by OSSE; and
 - Does not offer subsidized child care.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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

- Provide the citation for this training requirement. [Section 5-A139.7 of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5-A \(5 5-A DCMR § 5-A139.7\)](#)
 - How often does the state/territory require that this training topic be completed?
 - ✓ Anually
 - Other. Describe
2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
- Provide the citation for this training requirement. [Section 5-A139.7 of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5-A \(5 5-A DCMR § 5-A139.7\(f\)\)](#)
 - How often does the state/territory require that this training topic be completed?
 - ✓ Anually
 - Other. Describe
3. Administration of medication, consistent with standards for parental consent
- Provide the citation for this training requirement. [Section 5-A139.7 of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5-A \(5 5-A DCMR § 5-A139.7\(f\)\)](#)
 - How often does the state/territory require that this training topic be completed?
 - ✓ Anually
 - Other. Describe
4. Prevention and response to emergencies due to food and allergic reactions
- Provide the citation for this training requirement. [Section 5-A139.7 of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5-A \(5 5-A DCMR § 5-A139.7\(f\)\)](#)
 - How often does the state/territory require that this training topic be completed?
 - ✓ Anually
 - Other. Describe
5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic
- Provide the citation for this training requirement. [Section 5A-139.7.f of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.7.f\)](#)
 - How often does the state/territory require that this training topic be completed?

- Annually
 - Other. Describe
6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Provide the citation for this training requirement. [Section 5A-139.7.f of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.7.f\)](#)
 - How often does the state/territory require that this training topic be completed?
- Annually
 - Other. Describe
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event
- Provide the citation for this training requirement. [Section 5A-139.7.f of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.7.f\)](#)
 - How often does the state/territory require that this training topic be completed?
- Annually.
 - Other. Describe
8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
- Provide the citation for this training requirement. [Section 5A-139.7.f of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.7.f\)](#)
 - How often does the state/territory require that this training topic be completed?
- Annually.
 - Other. Describe
9. Appropriate precautions in transporting children (if applicable)
- Provide the citation for this training requirement. [Section 5A-139.5 of the District of Columbia Municipal Regulations \(DCMR\) Title 5, Chapter 5A \(5 5A DCMR §139.5\)](#)
 - How often does the state/territory require that this training topic be completed?
- Annually.
 - Other. Describe

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement. Section 5A-139.7.e of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §139.7.e)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - ✓ Other. Describe: CPR/First aid is typically a two-year certification. All staff must maintain current certification.

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. Section 5A-139.7.a of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §139.7.a)
- How often does the state/territory require that this training topic be completed?
 - ✓ Annually.
 - Other. Describe

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. Section 5A-139.3 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §139.3)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - ✓ Other. Describe Staff are encouraged to take child development courses annually.

13. Describe other requirements.

- Provide the citation for other training requirements.
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note – Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements. Providers are subject to annual licensing and monitoring inspections which include inspection of the facility, materials, policies, staff records and children’s records. These inspections are completed to monitor and ensure compliance with all federal, state and local laws and regulations. In 2016, the District’s child development facility licensing regulations were updated to align and comply with the reauthorized child care and development block grant act of 2014. The regulations cited below are the specific areas that monitored for child development facilities in the District.

Title 1 Chapter 5 DCMR 120, Supervision

Title 1 Chapter 5 DCMR 121, Adult-to-child Ratios and Group Size

Title 1 Chapter 5 DCMR 122, General Requirements

Title 1 Chapter 5 DCMR 123, Lavatory Space and Equipment

Title 1 Chapter 5 DCMR 124, Indoor Environment

Title 1 Chapter 5 DCMR 125, Outdoor Environment

Title 1 Chapter 5 DCMR 126, Equipment, Materials and Furnishings

Title 1 Chapter 5 DCMR 129, Facility Operation Records

Title 1 Chapter 5 DCMR 130, Children’s Records

Title 1 Chapter 5 DCMR 131, Staff Records

Title 1 Chapter 5 DCMR 132, Suitability for Employment

Title 1 Chapter 5 DCMR 133, Criminal Background Checks

Title 1 Chapter 5 DCMR 134, Traffic Records Checks

Title 1 Chapter 5 DCMR 136, Drug and Alcohol Testing

Title 1 Chapter 5 DCMR 141, Positive Behavior Support

Title 1 Chapter 5 DCMR 142, General Requirements

Title 1 Chapter 5 DCMR 143, Supporting Healthy Child Development

Title 1 Chapter 5 DCMR 144, Hand Hygiene

Title 1 Chapter 5 DCMR 145, Diapering

Title 1 Chapter 5 DCMR 146, Safe Sleeping and Resting Practices

Title 1 Chapter 5 DCMR 147, Prevention of Child Abuse and Neglect

Title 1 Chapter 5 DCMR 148, Emergency Preparedness and Response Planning

Title 1 Chapter 5 DCMR 149, Hazardous Materials and Biocontainment’s

Title 1 Chapter 5 DCMR 150, First Aid and CPR

Title 1 Chapter 5 DCMR 151, Inclusion, Exclusion, and Dismissal of Children and Staff Due to

Illness

Title 1 Chapter 5 DCMR 152, Health Examinations and Immunizations

Title 1 Chapter 5 DCMR 153, Medication Administration and Storage

Title 1 Chapter 5 DCMR 154, Prevention of and Response to Food Allergies

Title 1 Chapter 5 DCMR 155, Food Service

Title 1 Chapter 5 DCMR 156, Infant Feeding

Title 1 Chapter 5 DCMR 157, Swimming and Water Play

Title 1 Chapter 5 DCMR 158, Transporting Children

Title 1 Chapter 5 DCMR 159, Children with Special Needs

Title 1 Chapter 5 DCMR 161, Pets and Animals

Title 1 Chapter 5 DCMR 162, Additional Requirements

Title 1 Chapter 5 DCMR 163, Indoor and Outdoor Program Spa

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards. An applicant for an initial license to operate a Facility under this chapter shall initiate the application in the name of the person or persons or legal entity or entities with ownership interests and who are responsible for operation of the Facility.

Prior to submitting an application for an initial license to operate a Facility under this chapter, the applicant shall complete a Child Development Facility licensing orientation facilitated by or on behalf of OSSE. If an applicant submits an application prior to completing the required orientation, OSSE may suspend processing the application until this requirement is met.

An applicant for an initial license to operate a Facility under this chapter shall submit a complete application to OSSE.

OSSE shall consider that an application is complete when the applicable fees,

imposed pursuant to Section 108 (Fees) of these regulations, all required documentation listed on the application form issued by OSSE, and all information requested on the application form, are provided.

In addition to the required documentation listed on the application form issued by OSSE, each applicant shall obtain, and provide OSSE with the original version of the following:

- A Certificate of Occupancy, Home Occupation Permit, or other succeeding form of equivalent proof that the premise(s) comply with all applicable Federal and District of Columbia building, fire-safety, construction, and zoning laws, regulations and codes and that the premise(s) are fit and suitable for the operation of a Child Development Facility, issued by the District of Columbia Department of Consumer and Regulatory Affairs (“DCRA”);

- A fire safety inspection certification or other equivalent proof that the premise(s) comply with all applicable Federal and District of Columbia fire safety laws, regulations and codes, issued by the District of Columbia Department of Fire and Emergency Medical Services (“FEMS”) not more than ninety (90) days old;

- A certification or clearance report issued by a D.C. Department of Energy and Environment (“DOEE”) certified lead-based paint inspector, risk assessor, or dust sampling technician confirming that the Facility does not contain any lead-based paint hazards, issued no more than thirty (30) days prior to the date of application;

A Clean Hands certification that the applicant satisfies the requirements that must be met in order to obtain a license or permit from the District government, set out in D.C. Official Code § 47-2862, issued by the District of Columbia Office of Tax and Revenue within thirty (30) days of the date the application is submitted;

Proof of insurance, that includes a reasonable coverage amount, as determined by the District of Columbia Office of Risk Management, for the following types of coverage:

Commercial General Liability;

Umbrella “Follow Form” Liability;

Sexual Abuse & Molestation Liability; and

Vehicle liability covering every vehicle that will be used to provide transportation services to children at the Facility; and

A current, valid, and notarized building use agreement that identifies a contingency location that may be used if the primary location of operation ceases to be available and includes, but is not limited to, the following:

Contact information for the owner of the building;

The purpose of the use;

General guideline and requirements;

Proof of appropriate insurance coverage;
Proof of valid certificate of occupancy;
Proof of updated safety inspections that are required specific for a Child Development Facility;
User responsibilities;
User restrictions; and
Facility usage fee, if any.

An application for an initial license shall include a signed declaration by the applicant, or by a person authorized to submit the application on the applicant's behalf if the applicant is not an individual, that the contents of the application and the information provided with it are true, accurate, and complete.

Upon receipt of a complete application for an initial license, and prior to the issuance of the license, OSSE shall review the application and conduct an on-site inspection to determine whether the Facility is in compliance with the requirements in this chapter.

If, in the course of the on-site inspection for an initial license, OSSE determines that a Facility is out of compliance with any requirement of this chapter, or that the application is deficient in any way, OSSE may issue a Statement of Deficiency(ies).

After receipt of notification from the applicant that every stated deficiency has been corrected, OSSE shall conduct a follow-up application review and inspection or inspections as needed to determine whether the Facility is in compliance with this chapter.

OSSE may deny the application for an initial license if:

- An applicant fails to provide a complete application within ninety (90) days of the initial submission;
- An applicant demonstrates inability to abate the identified deficiencies under this chapter within the required timeframe specified by OSSE, which shall not to exceed ninety (90) days;
- An applicant demonstrates inability to comply with this chapter within the required timeframe specified by OSSE, which shall not to exceed one hundred and eighty (180) days;
- An applicant or, if the applicant is a business entity, any owner, officer, or employee of the applicant, who the applicant plans to assign to work at the Facility is registered, or is required to be registered, on a State child protection registry or repository;

If a Licensee submits an incomplete or late application, the Licensee may pay the appropriate penalty fee to extend the current license until the application for the renewal license is approved or denied by OSSE, but for not longer than one

hundred and eighty (180) days. If the application for a renewal license is still incomplete after one hundred and eighty (180) days, the current license will be deemed to have expired and the renewal application shall be deemed denied, effective on the first day after the expiration of this one hundred and eighty day (180) period.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers. Each Licensee shall receive, at minimum, one (1) annual announced and one (1) annual unannounced inspection to identify the frequency of unannounced inspections
3. Identify the frequency of unannounced inspections
 - Once a year
 - More than once a year. Describe
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards. OSSE, and any other duly authorized official of OSSE or another agency of the District of Columbia having jurisdiction over or responsibilities for a Child Development Facility ("Facility"), after presenting official credentials or identification or authority issued by the District of Columbia, shall have the right, either with or without prior notice, to enter upon and into the premises of any Facility licensed, required to be licensed or that has applied for licensure, to facilitate verification of information submitted by a Facility and to determine compliance with the Facilities Act or other applicable Federal and District of Columbia laws and regulations.

An authorized entrant shall conduct an inspection in a manner that minimizes disruption to a Facility.

The right of entry and inspection shall also extend to any premise that OSSE reasonably believes is being operated or maintained as a Facility without a valid license provided that entry or inspection shall be made with the permission of the individual in charge of the premises or with a warrant obtained from the D.C. Superior Court, pursuant to D.C. Official Code § 11-941, or an appropriate court of competent jurisdiction, authorizing the entry or inspection for the purpose of determining compliance with this chapter.

OSSE is authorized to issue a subpoena to inspect and investigate a Facility in order to determine compliance with the provisions of this chapter, that may be enforced in accordance with the terms of D.C. Official Code § 7-2036(b).

OSSE, and other authorized District of Columbia officials, shall have access to all records of the Facility, including but not limited to:

Child, staff, and administrative records;

Financial, tax, and inspection records;

Surveillance footage from a Facility's recording devices;

Policies and procedures; and

Any other information or documentation necessary to determine the Facility's compliance with applicable Federal and District of Columbia laws and regulations.

Each Licensee shall receive, at minimum, one (1) annual announced and one (1) annual unannounced inspection to:

Facilitate verification of information submitted by the Licensee;

Determine compliance with the Facilities Act, or other applicable Federal and District of Columbia laws and regulations; and

Verify compliance with waiver terms, if applicable.

Annual required documents shall be updated and available for review during annual inspections.

Upon its own initiative, or upon receipt of information alleging violation(s) of any law or regulation under its jurisdiction, OSSE may conduct announced or unannounced on-site investigations or desk audits.

OSSE shall maintain and make available to the public by electronic means, a list of all of the Facilities licensed that includes the following information for each licensed Facility:

Dates of monitoring and inspection;

Results of monitoring and inspection reports;

Any corrective action taken;

Substantiated complaints about failure to comply with the provisions of this chapter or such amendment, and all applicable federal and local laws and regulations; and

The number of deaths, serious injuries, and instances of substantiated child abuse that occurred in each Facility.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers Section 5A-111 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §111)
 - b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards. An applicant for an initial license to operate a Facility under this chapter shall initiate the application in the name of the person or persons or legal entity or entities with ownership interests and who are responsible for operation of the Facility.

Prior to submitting an application for an initial license to operate a Facility under this chapter, the applicant shall complete a Child Development Facility licensing orientation facilitated by or on behalf of OSSE. If an applicant submits an application prior to completing the required orientation, OSSE may suspend processing the application until this requirement is met. An applicant for an initial license to operate a Facility under this chapter shall submit a complete application to OSSE. OSSE shall consider that an application is complete when the applicable fees, imposed pursuant to Section 108 (Fees) of these regulations, all required documentation listed on the application form issued by OSSE, and all information requested on the application form, are provided.

In addition to the required documentation listed on the application form issued by OSSE, each applicant shall obtain, and provide OSSE with the original version of the following:

- A Certificate of Occupancy, Home Occupation Permit, or other succeeding form of equivalent proof that the premise(s) comply with all applicable Federal and District of Columbia building, fire-safety, construction, and zoning laws, regulations and codes and that the premise(s) are fit and suitable for the operation of a Child Development Facility, issued by the District of Columbia Department of Consumer and Regulatory Affairs ("DCRA");
- A fire safety inspection certification or other equivalent proof that the premise(s) comply with all applicable Federal and District of Columbia fire safety laws, regulations and codes, issued by the District of Columbia Department of Fire and Emergency Medical Services ("FEMS") not more than ninety (90) days old;
- A certification or clearance report issued by a D.C. Department of Energy and Environment ("DOEE") certified lead-based paint inspector, risk assessor, or dust sampling technician confirming that the Facility does not contain any lead-based paint hazards, issued no more than thirty (30) days prior to the date of application;

A Clean Hands certification that the applicant satisfies the requirements that must be met in order to obtain a license or permit from the District government, set out in D.C. Official Code § 47-2862, issued by the District of Columbia Office of Tax and Revenue within thirty (30) days of the date the application is submitted;

Proof of insurance, that includes a reasonable coverage amount, as determined by the District of Columbia Office of Risk Management, for the following types of coverage:

Commercial General Liability;
Umbrella "Follow Form" Liability;

Sexual Abuse & Molestation Liability; and
Vehicle liability covering every vehicle that will be used to provide transportation services to children at the Facility; and

A current, valid, and notarized building use agreement that identifies a contingency location that may be used if the primary location of operation ceases to be available and includes, but is not limited to, the following:

Contact information for the owner of the building;

The purpose of the use;

General guideline and requirements;

Proof of appropriate insurance coverage;

Proof of valid certificate of occupancy;

Proof of updated safety inspections that are required specific for a Child Development Facility;

User responsibilities;

User restrictions; and

Facility usage fee, if any.

An application for an initial license shall include a signed declaration by the applicant, or by a person authorized to submit the application on the applicant's behalf if the applicant is not an individual, that the contents of the application and the information provided with it are true, accurate, and complete.

Upon receipt of a complete application for an initial license, and prior to the issuance of the license, OSSE shall review the application and conduct an on-site inspection to determine whether the Facility is in compliance with the requirements in this chapter.

If, in the course of the on-site inspection for an initial license, OSSE determines that a Facility is out of compliance with any requirement of this chapter, or that the application is deficient in any way, OSSE may issue a Statement of Deficiency(ies).

After receipt of notification from the applicant that every stated deficiency has been corrected, OSSE shall conduct a follow-up application review and inspection or inspections as needed to determine whether the Facility is in compliance with this chapter.

OSSE may deny the application for an initial license if:

- An applicant fails to provide a complete application within ninety (90) days of the initial submission;
- An applicant demonstrates inability to abate the identified deficiencies under this chapter within the required timeframe specified by OSSE, which shall not to exceed ninety (90) days;
- An applicant demonstrates inability to comply with this chapter within the required timeframe specified by OSSE, which shall not to exceed one hundred and eighty (180) days;

- An applicant or, if the applicant is a business entity, any owner, officer, or employee of the applicant, who the applicant plans to assign to work at the Facility is registered, or is required to be registered, on a State child protection registry or repository;

If a Licensee submits an incomplete or late application, the Licensee may pay the appropriate penalty fee to extend the current license until the application for the renewal license is approved or denied by OSSE, but for not longer than one hundred and eighty (180) days. If the application for a renewal license is still incomplete after one hundred and eighty (180) days, the current license will be deemed to have expired and the renewal application shall be deemed denied, effective on the first day after the expiration of this one hundred and eighty day (180) period.

2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers. Each Licensee shall receive, at minimum, one (1) annual announced and one (1) annual unannounced inspection to identify the frequency of unannounced inspections
3. Identify the frequency of unannounced inspections:
 - Once a year
 - More than once a year. Describe
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards. OSSE, and any other duly authorized official of OSSE or another agency of the District of Columbia having jurisdiction over or responsibilities for a Child Development Facility ("Facility"), after presenting official credentials or identification or authority issued by the District of Columbia, shall have the right, either with or without prior notice, to enter upon and into the premises of any Facility licensed, required to be licensed or that has applied for licensure, to facilitate verification of information submitted by a Facility and to determine compliance with the Facilities Act or other applicable Federal and District of Columbia laws and regulations.

An authorized entrant shall conduct an inspection in a manner that minimizes disruption to a Facility.

The right of entry and inspection shall also extend to any premise that OSSE reasonably believes is being operated or maintained as a Facility without a valid license provided that entry or inspection shall be made with the permission of the individual in charge of the premises or with a warrant obtained from the D.C. Superior Court, pursuant to D.C. Official Code § 11-941, or an appropriate court of competent jurisdiction, authorizing the entry or inspection for the purpose of determining compliance with this chapter.

OSSE is authorized to issue a subpoena to inspect and investigate a Facility in order to determine compliance with the provisions of this chapter, that may be enforced in accordance with the terms of D.C. Official Code § 7-2036(b).

OSSE, and other authorized District of Columbia officials, shall have access to all records of the Facility, including but not limited to:

Child, staff, and administrative records;

Financial, tax, and inspection records;

Surveillance footage from a Facility's recording devices;

Policies and procedures; and

Any other information or documentation necessary to determine the Facility's compliance with applicable Federal and District of Columbia laws and regulations.

Each Licensee shall receive, at minimum, one (1) annual announced and one (1) annual unannounced inspection to:

Facilitate verification of information submitted by the Licensee;

Determine compliance with the Facilities Act, or other applicable Federal and District of Columbia laws and regulations; and

Verify compliance with waiver terms, if applicable.

Annual required documents shall be updated and available for review during annual inspections.

Upon its own initiative, or upon receipt of information alleging violation(s) of any law or regulation under its jurisdiction, OSSE may conduct announced or unannounced on-site investigations or desk audits.

OSSE shall maintain and make available to the public by electronic means, a list of all of the Facilities licensed that includes the following information for each licensed Facility:

Dates of monitoring and inspection;

Results of monitoring and inspection reports;

Any corrective action taken;

Substantiated complaints about failure to comply with the provisions of this chapter or such amendment, and all applicable federal and local laws and regulations; and

The number of deaths, serious injuries, and instances of substantiated child abuse that occurred in each Facility.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers Section 5A-111 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §111)
 - c) Licensed in-home CCDF child care
 - N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to
 - 1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards.
 - 2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers.
 - 3. Identify the frequency of unannounced inspections:
 - Once a year
 - More than once a year. Describe
 - 4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.
 - 5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers
 - d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. Office of the State Superintendent of Education, Division of Early Learning, Licensing and Compliance Unit
- 5.3.3 Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of: In-home and relative care providers receive unannounced monitoring site visits annually by the assigned Education Services Monitor. Monitoring is done for training, attendance, meals, activities, and health and safety requirements. The monitor ensures that the Child Protective Registry, criminal background, and health certificates, first aid and CPR certifications are current.
- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. N/A

Provide the citation(s) for this policy or procedure.

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. N/A

Provide the citation(s) for this policy or procedure.

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. In-home and relative care providers receive unannounced monitoring site visits annually by the assigned Education Services Monitor. Monitoring is done for training, attendance, meals, activities, and health and safety requirements. The monitor ensures that background checks and suitability determinations have been made and health certificates and first aid and CPR certifications are current

Provide the citation(s) for this policy or procedure.

- 5.3.4 The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. N/A

Provide the citation(s) for this policy or procedure.

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. N/A

Provide the citation(s) for this policy or procedure.

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. The annual monitoring visit includes monitoring for compliance with criminal background checks, the CCDF health and safety requirements, as well as ensuring the safety of the home, including the presence of a fire extinguisher and a working smoke detector.

- d) Provide the citation(s) for this policy or procedure.

- 5.3.5 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the

children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

- a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1)). OSSE ensures that licensing inspectors are qualified to inspect child care facilities and have received training on health and safety requirements by issuing an annual professional development plan for all licensing staff. Staff are required to complete the professional development plan by close of business September 30th of each year. The plan includes all health and safety trainings as well as required trainings on monitoring, inspections and regulatory enforcement topics
- b) Provide the citation(s) for this policy or procedure. N/A

5.3.6 The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. Currently, the ratio of licensing inspector to child development facility is 1:60. The current ratio does allow for effective and efficient inspections and monitoring as we have a 3 year licensing requirement. All inspections and follow up visits are completed within the required timeframe. Although this ratio is one of the lowest in the surrounding area, we are adding capacity in this are to reduce the case load for staff.
- b) Provide the policy citation and state/territory ratio of licensing inspectors. N/A

5.3.7 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

- ✓ Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection

requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

5.4.1 In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care providers that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);
4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);

7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

Milestone Prerequisites for Time-Limited Waivers

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
 - state criminal registry or repository using fingerprints;
 - state sex offender registry or repository check;
 - state-based child abuse and neglect registry and database .

All four components are required in order for the milestone to be considered met.

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

| Background Check Components | If milestone is met, time-limited waiver allowed for: |
|--|---|
| 1) In-state criminal w/fingerprints | Conducting background checks on backlog of current (existing) staff only |
| 2) In-state sex offender registry | |
| 3) In-state state-based child abuse and neglect registry | |
| 4) FBI fingerprint check | |
| 5) NCIC National Sex Offender Registry (NSOR) | Establishing requirements and procedures AND/OR Conducting background checks on all new (prospective) child care staff AND/OR Conducting background checks on backlog of current (existing) staff |
| 6) Inter-state state criminal registry | |
| 7) Inter-state state sex offender registry | |
| 8) Inter-state child abuse and neglect registry | |

States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

- Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017
- Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018
- One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019
- Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

- a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides. OSSE has policies and procedures to require criminal background checks (including checks by the FBI [fingerprint], the National Crime Information Center, and the District of Columbia's Metropolitan Police Department) for child care staff members and applicants, including prospective child care staff members and applicants. OSSE's criminal background check process includes a search of the National and State criminal and sex offender registries, including the National Sex Offender Registry, in the State where the staff member resides and each state where the staff member resided in the previous 5 years. OSSE also has policies and procedures to include a search of the District's child abuse and neglect registry. The Facility may deny employment to the applicant until the criminal background and child protection registry checks are final. A child care facility shall deny employment to any person who has been convicted of an offense, in the District of Columbia or in any other jurisdiction, which constitutes a bar to employment in an agency or entity that provides direct services to children and youth, or as a result of which a duly authorized District of Columbia Government official has determined that the person poses a danger to children or youth, as provided in the Child and Youth, Safety and Health Omnibus Amendment Act, or in subsequent amendments there to, or in rules promulgated pursuant to that law, or as provided in any superseding District of Columbia or federal law, as more fully described in subsection 133 and 135 of DCMR A-

Chapter 1 , and shall deny employment to any person who has been adjudicated as a child abuser or neglecter, or who has been determined, following a proceeding in which due process rights were afforded, by the applicable child protection agency or authority to have been a child abuser or neglecter, in the District of Columbia or in any other jurisdiction.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). In accordance with the District of Columbia Municipal Regulations 5A Chapter 1 (Licensing Regulations) each Licensee shall comply with the requirements set forth in Sections 133 and 135 related to criminal background checks for any individual:

Who is employed by a Facility for compensation, including a contract employee or self-employed individual; or whose activities involve the care or supervision of children at a Facility or unsupervised access to children who are cared for or supervised at a Facility.

Any individual residing in a Child Development Home or Expanded Home who is eighteen (18) years of age or older is considered to be a staff member.

A Licensee shall submit a request for criminal background checks of current and prospective staff members to OSSE:

- Prior to the date an individual becomes a staff member of the provider; and
- Not less than once during each three (3) year period for any currently employed staff member.

OSSE shall make a good faith effort to provide notification of the results of the criminal background reports to the Facility and the current or prospective staff member within forty-five (45) days of the date the Facility submitted the request the criminal background check.

Once a Licensee has submitted a request for a prospective staff member's criminal background check, a prospective staff member may begin to work for the Facility if the prospective staff member is supervised at all times by an individual who, within the three (3) year period before the date of the Facility's request, received a qualifying background check result.

A Licensee is not required to submit a request for criminal background check of a staff member if:

The staff member received a background check that meets the requirements in Subsection 132.3(a):

1. Within three (3) years of the first day of employment at the current Facility; and
2. While employed by or seeking employment at another Facility (for the purposes of this Subsection, the "first Facility") within the District;

OSSE provided the first Facility a qualifying background check result, consistent with this chapter, for the staff member; and

The staff member is employed by a Facility within the District, or has been separated from employment from the first Facility for a period of not more than one hundred and eighty (180) consecutive days before the date on which the staff member begins working at the current Facility.

Unless otherwise provided by law, prospective or current staff members shall provide a Facility and OSSE with all information necessary to enable the Facility and OSSE to promptly obtain the results of the criminal background checks including:

- A complete set of qualified, legible fingerprints in a format approved by the Federal Bureau of Investigations;
- Any additional identification that is required, including but not limited to the name, social security number, birth date, and gender of the applicant, employee, or volunteer; and
- A signed affirmation stating whether or not the staff member has been convicted of a crime, has pleaded nolo contendere, is on probation before judgment or placement of a case upon a stet docket, or has been found not guilty by reason of insanity, for any sexual offenses or intra-family offenses in the District of Columbia or their equivalent in any other state or territory, or for any of the following felony offenses or their equivalent in another state or territory:
 - Murder, as described in Section 1111 of Title 18, United States Code;
 - Child abuse or neglect;
 - A crime against children, including child pornography;
 - Spousal or domestic abuse;
 - A crime involving rape or sexual assault;
 - Kidnapping;
 - Arson;
 - Physical assault or battery; or
 - A drug-related offense committed during the preceding five (5) years; or
 - Has been convicted of a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child

endangerment, sexual assault, or of a misdemeanor involving child pornography.

OSSE shall review the results of the criminal background and child protection register checks to determine the suitability of the individual.

A prospective or current staff member shall be ineligible for employment with a Facility, if such individual:

- Refuses to consent to the criminal background check described in Subsection 132.2(a);
- Knowingly makes a materially false statement in connection with such criminal background check;
- Is registered, or is required to be registered, on a State sex offender registry or repository or the National Sex Offender Registry;
- Is registered, or is required to be registered, on a State child protection registry or repository; or

Has been convicted of any of the following felonies:

Murder, as described in Section 1111 of Title 18, United States Code;

Child abuse or neglect;

A crime against children, including child pornography;

Spousal abuse;

A crime involving rape or sexual assault;

Kidnapping;

Arson;

Physical assault or battery; or

Subject to Subsection 133.10, a drug-related offense committed during the preceding five (5) years; or

Has been convicted of a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or of a misdemeanor involving child pornography.

A prospective or current staff member may be ineligible for employment with a Facility, if OSSE determines that such individual poses a present danger to children or youth or if an individual's prior conviction for crimes impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children. In make this determination, that following factors shall be considered:

The specific duties and responsibilities of the applicant;

- The impact or likelihood of an impact, if any, that the criminal offense for which the person was previously convicted will have on his or her fitness or ability to perform one or more of such duties or responsibilities;
- The length of time that has elapsed since the occurrence of the criminal offense;
- The age of the person at the time of the criminal offense;
- The frequency and seriousness of any criminal offense(s);

- Any information produced by the applicant, or produced on his or her behalf, regarding his or her rehabilitation and good conduct since the occurrence of the criminal offense; and

Any applicable public policy encouraging employment of ex-offenders provided that:

A Licensee shall not employ or permit to serve as a volunteer an applicant who has been convicted of, has pleaded nolo contendere to, is on probation before judgment, or placed on a case on the stet docket because of, or has been found not guilty by reason of insanity, for any sexual offenses including but not limited to those involving a minor, child abuse, or child neglect; and If an application for employment or volunteering is denied because there is evidence that the applicant presents a danger to children or youth, the Licensee shall inform the applicant in writing.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care provider) are required to complete all national and local sex offender registry and criminal background check clearance.
- iii. Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?
 - ✓ Yes.
 - No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement.

Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities

planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

- iv. List the citation: Sections 133 and 135 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §133 and 135)
- b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides. The suitability of a current or prospective staff member of a Licensee shall be assessed through completion of:
- Criminal background check that includes:
 - A Federal Bureau of Investigation fingerprint check using Next Generation Identification;
 - A search of the National Crime Information Center's National Sex Offender Registry; and
 - A search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years:
- State criminal registry or repository, with the use of fingerprints being required in the State where the staff member resides, and optional in other States;
 - State sex offender registry or repository; and
 - State-based child abuse and neglect registry and database;
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). Per DCMR 5A, Chapter One section 132: The suitability of a current or prospective staff member of a Licensee shall be assessed through completion of Criminal background check that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification, a search of the National Crime Information Center's National Sex Offender Registry; and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and

Relative Care provider) are required to complete all national and local sex offender registry and criminal background check clearances.

- iii. Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?
- ✓ Yes
 - No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:
- iv. List the citation: Section 5A-132 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §132)
- c) Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides. The suitability of a current or prospective staff member of a Licensee shall be assessed through completion of a Criminal background check that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification; a search of the National Crime Information Center's National Sex Offender Registry; and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years: State criminal registry or repository, with the use of fingerprints being required in the State where the staff member resides, and optional in other States; State sex offender registry or repository; and State-based child abuse and neglect registry and database.
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). The suitability of a current or prospective staff member of a Licensee shall be assessed through completion of Criminal background check that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification, a search of the National Crime Information Center's National Sex Offender Registry and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides

and each State where such staff member resided during the preceding five years

- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete all national and local sex offense registry and criminal background check clearances
 - iii. Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?
 - ✓ Yes
 - No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:
 - iv. List the citation: Section 5A-132 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §132)
- d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification. OSSE partners with the District of Columbia Department of Human Resources to assist with the suitability of current or prospective staff member of a Licensee to assessed through completion of Criminal background check that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification; a search of the National Crime Information Center's National Sex Offender Registry; and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years: State criminal registry or repository, with the use of fingerprints being required in the State where the staff member resides, and optional in other States; State sex offender registry or repository; and State-based child abuse and neglect registry and database;
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). The suitability of a current or prospective staff member of a Licensee shall be assessed through completion of Criminal background check

that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification, a search of the National Crime Information Center's National Sex Offender Registry and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years

- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete all national and local sex offender registry and criminal background check clearances
- iii. Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?
 - ✓ Yes
 - No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:
- iv. List the citation: Section 5A-132 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §132)

e) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.

✓ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). The suitability of a current or prospective

staff member of a Licensee shall be assessed through completion of Criminal background check that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification, a search of the National Crime Information Center's National Sex Offender Registry and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete all national and local sex offense registry and criminal background check clearances
- iii. List the citation: Section 5A-132 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §132)
 - In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. Describe the status of implementation of requirements, policies and procedures for the NCIC's National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:
- f) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.
 - Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). The suitability of a current or prospective

staff member of a Licensee shall be assessed through completion of Criminal background check that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification, a search of the National Crime Information Center's National Sex Offender Registry and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
- iii. List the citation: Section 5A-132 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §132)
 - In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:
- g) Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.
 - Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state sex offender registry check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). The suitability of a current or prospective staff member of a Licensee shall be assessed through completion of Criminal background check that includes a Federal Bureau of Investigation fingerprint check using Next Generation Identification, a

- search of the National Crime Information Center's National Sex Offender Registry and a search of the following registries, repositories, or databases in the State (which, for the purpose of this section, includes the District of Columbia) where the child care staff member resides and each State where such staff member resided during the preceding five years
- ii. Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o). Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete all national and local sex offense registry and criminal background check clearances
 - iii. List the citation: Section 5A-132 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5A (5 5A DCMR §132)
 - In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:
 - h) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.
 - NOT Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). Currently with a partnership with the Child and Family Services Administration (the lead agency for the prevention of Child Abuse and Neglect), OSSE is able to obtain from the child care provider a copy of the Child Protection Registry Clearance for each

staff. This clearance covers a period of five years where the individual has received mail. The Clearance only includes the District of Columbia

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

Through the Child Care Provider Subsidy Contract license-exempt CCDF eligible providers (In-home and Relative Care providers) are required to complete all national and local sex offense registry and criminal background check clearances

- iii. List the citation: Section 5-A132 of the District of Columbia Municipal Regulations (DCMR) Title 5, Chapter 5-A (5 5-A DCMR § 5-A132)

- In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. Describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?

No.

- ✓ Yes. Describe: In accordance with Section 133.5 of the DCMR Title 5A Chapter 5-A1, once a Licensee has submitted a request for a prospective staff member's criminal background check, a prospective staff member may begin to work for the Facility if the prospective staff member is supervised at all times by an individual

who, within the three (3) year period before the date of the Facility's request, received a qualifying background check result.

5.4.4 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)). In accordance with DCMR 5A Chapter One Section 133.4 OSSE shall make a good faith effort to provide notification of the results of the Criminal background reports to the Facility and the current or prospective staff member within forty-five (45) days of the date the Facility submitted the request the criminal background check.

5.4.6 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory's option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

5.4.7 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?

No.

Yes. Describe: Per Section 1 of the DCMR 5A Chapter 5-A1, a prospective or current staff member may be ineligible for employment with a Facility, if OSSE determines that such individual poses a present danger to children or youth or if an individual's prior conviction for crimes impact the fitness of the individual to provide care for and have responsibility for the safety and welfare of children

5.4.8 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)). Per Section 135 of the DCMR Chapter 5A-1, all records of criminal background checks and child protection register checks shall be confidential and are for the exclusive use of determining suitability for employment or volunteer opportunities under this chapter. This information shall be maintained by the Facility in a secured location with limited access, and the information shall not be released or otherwise disclosed to any person except when: (a) Required as one component of an application for employment or volunteer position with any covered child or youth services provider under this chapter; (b) Requested by OSSE, or its designee, during an official inspection or investigation; (c) Ordered by a court or administrative adjudicatory body by subpoena or otherwise; (d) Authorized by the written consent of the person being investigated; or (e) Utilized for a corrective, adverse, or administrative action in a personnel proceedings.

If OSSE has determined the current or prospective staff member is ineligible for employment with a Facility due to the background check the Notice of Ineligibility for Employment shall: (a) Include information related to each disqualifying crime; and (b) Provide that the staff member may request a hearing challenging the accuracy or completeness of the information in the reports within thirty (30) days after receipt of the Notice. If no request for a hearing is made, the Notice of Ineligibility for Employment shall be final.

A current or prospective staff member may file a request for review of an OSSE's Notice of Ineligibility for Employment with Commission on Human Rights not later than thirty (30) days after the date the written notification of the Notice of Ineligibility for Employment is issued. If a request for review is not received within a timely manner, and no corrective actions are confirmed to have been taken, the Notice of Ineligibility for Employment shall become the final administrative decision of the agency.

5.4.9 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can

report that no fees are charged if applicable (98.43(f)). No fees are charged to the applicant

5.4.10 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?

- ✓ No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from *all* background check requirements.
- Yes, relatives are exempt from *some* background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their

framework. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe: OSSE facilitates professional development opportunities within its Core Knowledge Areas (CKA). The CKA are well-integrated professional standards which are aligned with the National Association for the Education of Young Children (NAEYC) Standards for Early Childhood Professional Preparation, the Child Development Associate (CDA) Competency Standards, DC Common Core Early Learning Standards, DCPS Effective Schools Framework and the Federal Head Start Program Performance Standards. The Core Knowledge Areas (CKA) include: Child Growth and Development; Observing, Documenting and Assessing to Support Young Children and Families; Health, Safety, and Nutrition; Curriculum; Inclusive Practices; Learning Environments; Building Family and Community Relationship; Diversity: Family, Language, Culture, and Society; Program Management, Operation and Evaluation; Professionalism and Advocacy; and Social-Emotional Development and Mental Health. In addition to the CKA, OSSE ensures that all Early Childhood Education (ECE) workforce members have an understanding of basic standards of child health, safety, and development with its mandatory training for all newly hired child care staff which is aligned with the requirements of CCDF. Further, OSSE ensures that all child care staff have continuous professional development annually that includes maintenance of health and safety trainings, as well as additional topic areas such as, developmentally appropriate methods of positive behavior intervention and support and inclusion of children with special needs. A summary of the minimum requirements for staff can be found here: <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Summary%20and%20Overview%20-%20Final%20Rulemaking%20for%20the%20Licensing%20of%20Child%20Development%20Facilities.pdf>
- Career pathways. Describe: OSSE is working with a regional advisory group that consists of representatives from the DC-Maryland-Virginia area to develop a competency-based career pathway for the ECE workforce. Currently, OSSE attempts to ensure that all ECE professionals are aware of the general responsibilities, minimum education requirements, and professional development opportunities available for each designated position through multiple public education efforts. OSSE offers a resource webpage for ECE professionals to learn about position responsibilities, education requirements, as well as available programs and resources for furthering one's education and career. Additionally, OSSE has a live ECE Help Desk that the workforce can call or email for information, technical assistance and be provided with resources. An extension to this initiative is a Help Desk Roadshow where an OSSE representative provides a workshop at child care facilities informing the staff of the various career pathways, programs in

the DC area and available resources (e.g., scholarships). OSSE has recently launched its enhanced Professional Development Information System (PDIS) which allows early childhood educators to learn about career opportunities (e.g., trainings), build their electronic resume, build their own electronic portfolio of educational credentials and more. PDIS is intended to allow for ECE professionals to use their stored documents to request to be assigned to a career level based on their education credentials and professional trainings.

- Advisory structure. Describe: OSSE works with the Program Quality Committee of the SECDCC to receive advisement on programming relating to workforce development that includes professional development offerings, outreach efforts and resource development. OSSE is working with a regional advisory group that consists of representatives from the DC-Maryland-Virginia area. The DC Head Start Association advises OSSE on policy. OSSE solicits public comment on any policy or regulation changes. Additionally, OSSE is a member of the Early Childhood-Higher Education Collaborative which aims to develop programming opportunities for the ECE workforce in coordination with local postsecondary representatives. OSSE holds a quarterly meeting with all of its grantees to discuss workforce matters such as, professional development and continuing education. These meetings afford OSSE and the grantees the opportunity to plan collaboratively with one another to the benefit of the ECE workforce such as, matriculation from the Child Development Associate (CDA) training course into postsecondary programs via OSSE grant-funded T.E.A.C.H. scholarships.
- Articulation. Describe: Members of the Early Childhood-Higher Education Collaborative have confirmed the articulation of the CDA credential into up to six college credits. OSSE's grantees, CDA and TEACH, work with college representatives on behalf of ECE professionals to aid in the articulation of college credits for the CDA and professional development with associated continuing education units (CEU's). OSSE continues to work with the Council for Professional Recognition (issuer of the CDA) to help facilitate the articulation of CEU's at local universities. s.
- Workforce information. Describe: OSSE collects workforce data from several tools to gain an understanding of the District's ECE workforce to aid in programmatic planning. The data collection tools include the Professional Development Information System (PDIS), Division of Early Learning Licensing Tool, and Quorum (online learning platform). The various workforce data collected include current position, education credentials and years of experience. Additionally, OSSE requires its grantees to collect data on the ECE professionals participating in the programs such as, city ward of employment, salary, and career pathway goal.
- Financing. Describe: OSSE uses both federal and local funds to provide professional development and continuing education opportunities to the ECE workforce. The funds are allocated to a variety of workforce development programs such as, in-person training courses, unlimited access to an online learning platform and

college tuition scholarship. Additionally, OSSE also has a partnership with the Bainum Family Foundation and they provide various supports to the workforce (e.g., coaching, trainings, etc.).

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- ✓ Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: OSSE issues certificates for earned Professional Development Learning Units (PLU) for educators attending the professional development training opportunities through the Professional Development Information System (PDIS). OSSE offers a variety of opportunities to earn PLU's and Continuing Education Units (CEUs) such as, Quorum (e-learning platform).
- ✓ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: OSSE has a robust, research-based Trainer Approval Program (TAP) that ensures the child care workforce has access to a wide variety of quality training opportunities that improve their knowledge, skills, and competency in early childhood development from infancy through pre-K to Kindergarten. TAP certifies both individual and organizational professional development trainers that provide ongoing training and professional development opportunities in 11 Core Knowledge Areas (CKAs). CKAs detail the specific knowledge and skills needed by early childhood professionals to work effectively with all young children and families. Opportunities are afforded through a variety of partnerships with grantees, a contract with an e-learning company, and other state agencies (e.g., Department of Health).

Other. Describe:

- 6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff. OSSE works with the Program Quality Committee of the SECDCC to receive advisement on programming relating to workforce development that includes professional development offerings, outreach efforts, and resource development. OSSE administration is participating in The Regional Implementation Network with state-based leadership, including neighboring states Virginia and Maryland. The work of the group is to influence the planning of quality improvements in the workforce.
- 6.1.3 Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

- Financial assistance to attain credentials and post-secondary degrees. Describe: There are numerous scholarship and grant opportunities to enable child care professionals to access programs at little or no cost to them. Through a grant to an organization registered with and approved by the national T.E.A.C.H. office, OSSE invests funds in support of the Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Project. T.E.A.C.H. is a scholarship program for teachers working towards an associate's and/or bachelor's degree that includes bonuses, increased compensation and one-on-one career advisors. The TEACH model must be facilitated by an organization registered with and approved by the national TEACH office. At the time of writing, National Black Child Development Institute (N.B.C.D.I) is the only legally certified organization by the national T.E.A.C.H. program to administer the program locally in DC. OSSE is expanding opportunities for T.E.A.C.H. in FY18. Other scholarship assistance includes the Early Childhood Higher Education Initiative (HEI) DC Tuition Assistance Grant (DC TAG) and DC Mayor's Scholars Undergraduate Program. Furthermore, OSSE has awarded a grant to two community-based organizations to provide scholarships for their CDA training programs, which are offered in English, Spanish and Amharic. These grantees also provide scholarship funding for the CDA application fee for those who obtain the required instructional hours outside of the grantees' programs. Both grantees offer hybrid model cohorts that offer course instruction in a combined format of face-to-face meetings and virtual (online) learning. Some cohorts meet on Saturday to accommodate educators' schedules especially home providers.
- Financial incentives linked to educational attainment and retention. Describe: OSSE funds the T.E.A.C.H. grant to an organization registered with and approved by the national T.E.A.C.H. office, which provides comprehensive scholarships for early childhood center teachers, family providers, and directors to work toward earning an associate's or bachelor's degree in early childhood education or a related field. As scholars earn credits, they receive a bonus. T.E.A.C.H. also facilitates contracts between the child care worker and the facility to provide incremental pay increases as higher education is pursued.
- Financial incentives and compensation improvements. Describe: To help support increased wages, DC raised its infant and toddler subsidy rates in 2016 and 2017. Additionally, DC's minimum wage was raised to \$12.50 per hour in July 2017 and will increase by about 70 cents per hour each year until it reaches \$15 per hour in 2020.
- Registered apprenticeship programs. Describe: N/A
- Outreach to high school (including career and technical) students. Describe: The First Step program was launched in 2016. The First Step program is funded through a contract and provides high school students with competency-based education in early childhood growth and development; paid summer employment and practicum experience working with young children enrolled in licensed high-quality child development centers; individualized college and career counseling; regular onsite observation and preparation for the CDA verification visit and exam; fully paid application and examination fees; and access to financial aid for college through specialized scholarships, such as the Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Project. The First Step program is scheduled to expand over the next three years at various campuses within DC Public Charter Schools and DC Public Schools

- Policies for paid sick leave. Describe: N/A
- Policies for paid annual leave. Describe: N/A
- Policies for health care benefits. Describe: N/A
- Policies for retirement benefits. Describe: N/A
- Support for providers' mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe:
- Other. Describe:

6.2 Training and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)). The District's training and professional development requirements are enumerated in the Child Development Facility Licensing Regulations. Training requirements include pre-service, orientation and annual health and safety training; courses in the DC Common Core Early Learning Standards, which are the District's early learning and developmental guidelines and courses in developmentally appropriate methods of positive behavior intervention and support contribute to annual professional development hour requirements. OSSE also provides support through partnerships with other DC agencies (e.g. the Department of Behavioral Health, Department of Health, etc.), to provide trainings to providers. Trainings are also provided through the IDEA Part C and Part B programs, Strong Start and Early Stages respectively. Community of practice meetings are held monthly for providers participating in Capital Quality, DC's redesigned Quality Rating and Improvement System (QRIS). In addition to the previously mentioned courses, OSSE also provides access to an online learning platform to providers that allow them to take courses towards the Child Development Associate (CDA) credential, some of the licensing requirements, as well as course offerings on resiliency, trauma and behavior management.
- 6.2.2 Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). NA

- 6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)). OSSE provides outreach and services to eligible persons with disabilities. Customer service sites are accessible and comply with ADA requirements (e.g. the OSSE office building, CCR&R service centers, etc.). The online learning platform also supports individuals with limited mobility. Multiple modes of communication are available to support individual needs. Additionally, more than 116 courses are available in Spanish through an online learning platform. There are also CDA scholarship program offerings in both Amharic and Spanish.
- 6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages. OSSE is obligated to provide equal access and participation in public services, programs and activities for residents of the District of Columbia who cannot (or have limited capacity to) speak, read or write English per the DC Language Access Act of 2004. Where appropriate, OSSE and grantee(s) must translate its program information into the languages of the target populations that it serves or, at a minimum, into the four of the six languages required by the Language Access Act. These languages include Amharic, Chinese, French, Korean, Spanish and Vietnamese. Additionally, grantees provide OSSE with translated materials for accuracy and field-testing. The translated materials in the target populations being served must ensure that the translated materials are culturally and linguistically appropriate for the communities represented.
- 6.2.5 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii-iv)). The District's training and professional development requirements enumerated in the Child Development Facilities Licensing Regulations specify the following topic areas supportive of child care providers who care for children receiving child care subsidies, English language learners and children with developmental delays and disabilities:
- Community health and social services resources for children and families;
 - Developmentally appropriate methods of positive behavior intervention and support;
 - Developmentally appropriate programming for infants, toddlers, preschool and/or school-age children, as applicable;
 - Enhancing self-regulation and self-esteem in children; and
 - Inclusion of children with special needs, including the Americans with Disabilities Act and the Individuals with Disabilities Education Act.
- 6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).
- a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2). a. OSSE

provides professional development with a sequential learning approach that addresses the complexity of homelessness. OSSE offers various training opportunities for providers, local education agencies and community partners focusing on this special population, including topics relevant to homeless children and their families such as:

- McKinney-Vento and the Elementary and Secondary Education Act as reauthorized by the Every Student Succeeds Act of 2015;
- Routines that Support Emotional Well-Being and Stability in the Classroom;
- Recognizing Signs of Stress in Young Children;
- Eco-mapping: A Tool for Assessing Support Systems; and
- Engaging and Supporting Families Experiencing Homelessness.

OSSE facilitates collaboration and partnership with the District's community-based organizations that serve homeless families to improve developmental outcomes for at-risk children. Families of children under age three who are not eligible for Part C services may participate in evidenced-based parenting classes, developmental surveillance and assessment, family service coordination and special instruction provided in play group sessions conducted by early intervention service providers.

The Virginia Williams Family Resource Center (VWFRC) serves as an intake hub for screening and placement for families seeking emergency shelter and other essential resources. OSSE has established a partnership with VWFRC to provide OSSE staff onsite to assist parents who have children in need of child care or educational supports, such as, immediate enrollment and transportation assistance. OSSE developed a Homeless Education Program Fact Sheet for Parents which provides guidance on the educational rights of children, youth and families experiencing homelessness. Additionally, OSSE's Homeless Education Program staff will continue to provide training for child development directors and enrollment coordinators on how to identify and support families that are experiencing homelessness.

- b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2). OSSE and the Department of Human Services continues their partnership to ensure that the District's central intake center for families who are experiencing homelessness has an onsite child care intake specialist. Training has been provided to all child care intake staff and community staff in Level Two child development sites on new eligibility criteria. Homeless families are categorically eligible for child care subsidy.

- 6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training

Online training

Regular check-ins to monitor the implementation of CCDF policies

- ✓ The type of check-ins, including the frequency. Describe: OSSE conducts regular feedback sessions with staff and providers to ensure full implementation of all policy changes.

Other. Describe:

6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

- a) Identify the strategies that the state/territory is developing and implementing for training and TA.a) The District of Columbia revised the Child Development Facilities Licensing Regulations to specifically address additional annual professional development that may include basic and advanced business training for child care providers.

Additionally, OSSE completed the following:

- Reviewed, compiled and analyzed local and national resources on best practices for child care business owners and directors;
- Reviewed, compiled and analyzed data on professional development offerings and attendance to plan and prepare for additional professional development opportunities.
- Engaged the SECDCC Program Quality Committee in identifying online and in-person learning opportunities;
- Initiated a shared services pilot and completed a needs assessment for family child care providers, aimed at supporting them with their business practices;
- Identified and certified trainers that offer business practices for child care center directors and owners through the CCR&R;
- Implemented business practices training and added the training to the professional development catalog through the CCR&R;
- Engaged in a public-private partnership to develop a shared services platform that is a collaboration tool that will allow early education providers to share knowledge and resources (which includes business practices). The Early Childhood Share DC platform was successfully launched; and
- The CCR&R is conducting a non-traditional hour needs assessment throughout DC to gain a better understanding of the needs of families so that OSSE can help address gaps in services.
- Enhanced Pre-K grantees received technical assistance training in a number of fiscal topics, including: cost reimbursement processes, provision of relevant and appropriate supporting documentation to substantiate costs and indirect costs. Grantees also received one-on-one technical assistance on budgeting and reimbursement topics, as needed.

- b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
 Budgeting

- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other. Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

- a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry. The current edition of the District of Columbia (DC) Common Core Early Learning Standards is a response to the evolution of the standards movement in early childhood education throughout the country. The DC Early Learning Standards show the continuum of learning and development expected of all young children, from birth through kindergarten exit. They include alignment with the Common Core State Standards for English Language Arts and Mathematics (2010). They are also aligned with The Head Start Child Development and Early Learning Framework (2010), thus ensuring that all children will receive the same standards-based instruction regardless of program auspices. DC is currently in the process of enhancing the current standards to reflect the updated Head Start Early Learning Outcomes Framework (2015). These updated standards will also incorporate Next Generation Science Standards, integrated arts and will address dual language learners.
- b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry. The DC Common Core Early Learning Standards are research-based and intentionally broken down by age-levels appropriate for the growth and development continuum. Those age levels include infants, toddlers, twos, preschoolers, pre-K exit expectations and K exit expectations to ensure developmentally appropriate practice (DAP) and standards by

subject. “Developmentally Appropriate Practice is an approach to teaching grounded in the research on how young children develop and learn and in what is known about effective early education. Its framework is designed to promote young children’s optimal learning and development.”- NAEYC (<http://www.naeyc.org/dap>).

- c) Check the domain areas included in the state/territory’s early learning and developmental guidelines. Check all that apply.
- ✓ Cognition, including language arts and mathematics
 - ✓ Social development
 - ✓ Emotional development
 - ✓ Physical development
 - ✓ Approaches toward learning
 - ✓ Other. Describe: Social studies, scientific inquiry and the arts.
- d) Describe how the state/territory’s early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC. a) DC is currently in the process of reviewing its early learning standards and will engage the State Early Childhood Development Coordinating Council (SECDCC) for input prior to submitting recommendations to the State Board of Education for the board’s consideration. These guidelines are implemented by ensuring that providers utilize curricula aligned with the DC Common Core Early Learning Standards. Additionally, professional development is offered to ensure that providers are comfortable with utilizing their curriculum to implement the standards. The primary purpose of the Early Learning Standards is to ensure that children in the District of Columbia have the kinds of rich and robust early experiences that prepare them for success in school and for lifelong learning, as well as catering to the diverse needs of various populations. To achieve this goal, the Early Learning Standards should be used as a resource for guiding the selection and implementation of the curriculum; a focus for discussion by families, community members, and legislators around the education of young children; a guide for selecting assessment tools appropriate for children from a variety of backgrounds with differing abilities; a guide for planning experiences and instruction that enable children to make progress in meeting the standards; and a framework for planning professional development opportunities.
- e) Describe how the state/territory’s early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates. a) The DC Common Core Early Learning Standards were originally adopted in 2012. In May 2017, a process to review the standards was launched with a goal of considering additions in key areas to better align with the Head Start Early Learning Framework, Next Generation Science Standards, arts integration and to address the needs of dual language learners. Several stakeholders, including individuals from local education agencies, national agencies, federal agencies, child care providers and experts working with the WestEd Mid Atlantic Comprehensive Center. Once the enhanced standards are drafted, they will be shared with the SECDCC and the State Board of Education for their consideration and for the Board’s review. The Division of Early Learning will

continue to review and revise the standards based on best practices and research in the field.

- f) Provide the Web link to the state/territory's early learning and developmental guidelines.

<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/DC%20Early%20Learning%202015.pdf>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used. . These guidelines are implemented by ensuring that providers utilize curricula aligned with the DC Common Core Early Learning Standards. Additionally, professional development is offered to ensure that providers are comfortable with utilizing their curriculum to implement the standards. The primary purpose of the Early Learning Standards is to ensure that children in the District of Columbia have the kinds of rich and robust early experiences that prepare them for success in school and for lifelong learning. To achieve this goal, the Early Learning Standards should be used as a resource for guiding the selection and implementation of the curriculum; a focus for discussion by families, community members and legislators around the education of young children; a guide for selecting assessment tools appropriate for children from a variety of backgrounds with differing abilities; a guide for planning experiences and instruction that enable children to make progress in meeting the standards; and a framework for planning professional development opportunities.

- 6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)). The District of Columbia uses the Early Development Instrument (EDI), a population based measure of school readiness that is completed by pre-K 4 teachers in the second half of the school year. The tool measures children's ability to meet age-appropriate developmental expectations in five general domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive development; and communication skills and general knowledge. The data is mapped to where children live and is shared broadly with the community through a partnership with Raise DC <http://www.raisedc.org/ourchildren>. Due to the breadth of information this assessment provides, OSSE is able to use this to inform broader system changes and provide support where it is needed the most. This tool was used for the first time in 2016 and will be administered every three years to examine risk factors and areas of support needed to ensure children meet developmental goals. In addition to the EDI, the Classroom Assessment Scoring System (CLASS) for Pre-K is used to assess pre-K classrooms and the Environment Rating Scales (ERS) are used to assess the

quality of infant and toddler classrooms, as well as family child care homes and expanded homes. The CLASS Pre-K and ERS assessments are used to assess program quality.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). OSSE has redesigned the District's Quality Rating and Improvement System (QRIS), named Capital Quality, which also serves as a tiered rate reimbursement system. The redesigned QRIS, Capital Quality, provides a common measure of quality that will inform consumers and help target investments and planning in early childhood education and care. This common measure of quality means that there is alignment across child development homes, child development centers and DC Public Schools and is focused on positive outcomes for children. The redesigned QRIS assesses quality based on the following assessments:

- Infant/Toddler Environment Rating Scale-Revised (ITERS-R);
- Family Child Care Environment Rating Scale-Revised (FCCERS-R);
- Classroom Assessment Scoring System (CLASS) Pre-K; and
- Attendance of pre-K (three- and/or four-year-old) children.

These assessments are conducted annually, and two years of data is collected before early childhood development facilities are rated under Capital Quality. The first ratings under Capital Quality will occur in fall/winter 2018. Once baseline data is assessed, OSSE will review quality activities and supports that best meet the needs of early childhood development centers and homes in the District.

In addition to the formal classroom assessments, monthly feedback is collected in reference to the monthly community of practice meetings and the support received from the quality facilitator. This information also informs the supports that Capital Quality providers receive.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. OSSE, as the lead agency is using these results to inform our strategies, investments and the support we provide to the providers in terms of training, professional development and supplies/resources. OSSE has collected CLASS Pre-K data 2013. Most recently, the results indicated the following:

- The vast majority of DC's pre-K classrooms exceeded the threshold for quality in Emotional Support and Classroom Organization domains and show opportunities for growth and improvement in Instructional Support.
- CBOs with at least one classroom receiving Pre-K Enhancement and Expansion funding received higher Instructional Support scores than CBOs that are not in the Pre-K Enhancement and Expansion program.
- CBO teachers with bachelor's or a master's degree in early childhood education, had better Emotional Support scores than CBO teachers without a degree, and CBO teachers with any degree (i.e., associate, bachelor's, master's or higher) had better Instructional Support scores than CBO teachers without a degree.
- DCPS teachers with a bachelor's degree in early childhood education had better Instructional Support scores than DCPS teachers without a degree in early childhood education.
- Pre-K programs across the District have generally experienced a trend of stable classroom quality over the past three years.

Findings of the CLASS Pre-K and the Environment Rating Scales assessments will be evaluated upon the first ratings under the redesigned QRIS in fall/winter 2018. Once baseline data is examined, floors and targets will be set and four tiers of quality will be assigned. Thus far, OSSE has learned that there are low instructional support scores across the board. This helps us target training and professional development specifically related to the DC Common Core Early Learning Standards and our newly implemented school readiness goals. Additionally, this assessment information provided insight into the current DC Common Core Early Learning Standards and the need to review and update them to ensure that they are aligned with national research, as well as the K-12 system.

In addition to updating the DC Common Core Early Learning Standards and implementing the school readiness goals, these scores allow providers and Capital Quality, quality facilitators, to target individual provider needs. The program updates their continuous quality improvement plan and targeted technical assistance and support is provided.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing.

- ✓ Supporting the training and professional development of the child care workforce

If checked, respond to section 7.3 and indicate which funds will be used for this activity.

Check all that apply.

- ✓ CCDF funds
- ✓ Other funds

- ✓ Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.
 - ✓ CCDF funds
 - Other funds
- ✓ Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.
 - ✓ CCDF funds
 - ✓ Other funds
- ✓ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - ✓ Other funds
- ✓ Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.
 - ✓ CCDF funds
 - Other funds
- ✓ Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.
 - ✓ CCDF funds
 - ✓ Other funds
- ✓ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.
 - ✓ CCDF funds
 - ✓ Other funds
- ✓ Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - Other funds
- ✓ Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.
 - ✓ CCDF funds
 - Other funds

- ✓ Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity.
Check all that apply.
 - ✓ CCDF funds
 - ✓ Other funds

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

- 7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.
- a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.
- ✓ Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe: Through grant funding, supported by CCDF and local dollars, OSSE supports several CDA and AA (Infant Toddler concentration) programs. The CCR&R grantee offers training on the DC Common Core Early Learning Standards and contracts with outside organizations to offer training on developmentally appropriate practices and children’s health and safety. OSSE provides an online learning platform, through which the child care workforce can access health and safety and developmental training 24 hours per day, seven days per week. Additionally, OSSE partners with other District agencies, including the Department of Health, the Child and Family Services Agency (CFSA) and the District of Columbia Public Schools to offer training and professional development in these areas.
 - ✓ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.) Describe: Early learning professionals receive behavior management strategies through several venues. In both the CDA and AA (Infant Toddler concentration) programs, behavior management strategies are covered. Additionally, OSSE partners with DCPS Early Stages, and the CCR&R grantee contracts with outside organizations to offer training and professional development in these areas. Healthy Futures, provided through the DC Department of Behavioral Health and funded by CCDF, provides infant toddler centers mental health program consultation and child-specific consultation, using evidence-based programmatic consultation and practices to

support the family unit of young children and reduce problematic behaviors. Healthy Futures includes assessment and intervention with parents and caregivers, linkage with community resources and frequent evaluation for effective and appropriate technique and sustainable change. This professional service identifies findings and introduces remedial techniques for improving child outcomes, reducing teacher stress and director's attitudes and beliefs.

- ✓ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe: This is covered through the DC CCELS training, as well as the family engagement indicator of the Capital Quality continuous quality improvement plan. Each participating Capital Quality provider completes a self-assessment of their current practices and receives technical assistance based on the areas of improvement that they identify.
- ✓ Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. Describe: Developmentally appropriate, culturally and linguistically responsive and evidence-based curricula and designing learning environments that are aligned with the standards are covered in both the CDA and AA programs. Additionally, DC Common Core Early Learning Standards includes standards addressing early education through pre-K exit). OSSE also partners with DCPS Early Stages, and the CCR&R grantee contracts with outside organizations to offer training and professional development in these areas.

OSSE offers the modules for inclusive practice, including culturally and linguistically responsive practices through an online learning platform, for infant, toddler and preschool programs. Please see below for examples of course offerings both online through Quorum, as well as in-person and the frequency that they are offered. Please note: this is just a sample as additional trainings are added on a regular basis.

- ✓ Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: Through partnership with the Department of Health and the Department of Behavioral Health, OSSE provides oral health and behavioral health supports to children enrolled in the Quality Improvement Network and will work to expand access to these programs to all providers.
- ✓ Using data to guide program evaluation to ensure continuous improvement. Describe: Embedded in Capital Quality is engagement and self-assessment through the continuous quality improvement plan, which facilitates each early childhood development facility's self-evaluation of its program based on 10 quality indicators and include the ITERS-R, FCCERS-R and/or CLASS data.
- ✓ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: Quality Improvement Network, Early Head Start- Child Care Partnership; DC Promise Neighborhood; DC Public Library - Anacostia Branch; Byte Back (computer literacy). The CCR&R also serves families by

pointing them to appropriate community programs based on their individual needs.

- ✓ Caring for and supporting the development of children with disabilities and developmental delays. Describe: The Division of Early Learning, Strong Start unit offers training in this area (e.g., inclusive practices), and OSSE partners with DCPS Early Stages to offer training, including an overview of special education and how to administer the Ages and Stages Questionnaires: Third Edition (ASQ-3) and the Ages and Stages Questionnaires: Social Emotional (ASQ:SE).
- ✓ Supporting the positive development of school-age children. Describe: OSSE provides professional development support through the Professional Development Information System and covers the DC Common Core Early Learning Standards. The DC Common Core Early Learning Standards support the development of children birth through Kindergarten entry. Other training and professional development is organized by District partner agencies and the CCR&R grantee and is listed in the Professional Development Information System. OSSE organizes elementary and secondary STEM, Arts (STEAM) integration professional development sessions and events, as well as professional development from Strong Start and DC Public Schools' Early Stages programs.
- ✓ Other. Describe:

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.

- ✓ Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- ✓ Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- ✓ Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
- ✓ Other. Describe: Financial aid and other resources to pursue post-secondary education relevant for the early childhood and school-age workforce is provided through a Help Desk Roadshow, which provides in-person information related to higher education resources. Additionally, OSSE provides college fairs and computer hours to complete financial aid applications three Saturdays prior to the beginning of a new higher education semester.

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. OSSE collects quantitative and qualitative data and uses it to inform workforce needs. Examples include Unusual Incident Reports, assessment results (CLASS, ITERS-R, FCCERS-R) and education monitoring reports from grantee programs. OSSE analyzes trends in enrollment and participant evaluation data for all events and training opportunities. OSSE grantees and contractors submit monthly reports electronically through a grants management system database.

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

OSSE has implemented an upgraded professional development registry named the Professional Development Information System that will better support providers in accessing training and professional development to support quality improvement.

7.4 Quality Rating and Improvement System

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS.

7.4.1 Does your state/territory have a quality rating and improvement system?

- ✓ Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available. OSSE is currently in the process of transitioning from the current QRIS, Going for the Gold, to Capital Quality. . All current subsidy providers will be receiving one-on-one technical assistance under Capital Quality by Jan. 2019. Capital Quality is administered state-wide and quality facilitators to support providers are provided through a grant. The following is a link to the Capital Quality website which provides additional information, including the difference between the Going for the Gold and Capital Quality models: <https://osse.dc.gov/page/capital-quality-qris..>

Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.

- ✓ If Yes, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Capital Quality includes 10 quality indicators that are used for providers to complete a web-based self-assessment of their programs. Capital Quality requires programs to address the following program elements:
 1. Results of the CLASS™ for Preschool and Pre-K and/or ITERS-R and/or FCCERS-R
 2. Attendance
 3. Mission statement
 4. Culturally and linguistically responsive practices
 5. Inclusion practices
 6. Curriculum aligned to DC Common Core Early Learning Standards

7. Formal assessments that are aligned to curriculum and informal assessments
8. Developmental screenings
9. Professional development
10. Family Engagement

OSSE collects and analyzes this data annually. OSSE also collects monthly feedback on the community of practice meetings and on provider experience with their quality facilitator. In addition to the self-assessment, OSSE collects and analyzes data from the CLASS Pre-K, ITERS-R, FCCERS-R and attendance for pre-K. This data is used to evaluate progress and determine areas where supports are needed.

No, but the state/territory is in the QRIS development phase.

No, the state/territory has no plans for QRIS development.

7.4.2 QRIS participation.

- a) Are providers required to participate in the QRIS?

Participation is voluntary.

- ✓ Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). According to Section 102 of the DCMR Title 5 Chapter 5-A1, the State Superintendent has limited the requirement to participate in QRIS to facilities that receive CCDF funding, while providing the opportunity for all licensed facilities to participate. Therefore, participation is mandatory for subsidy providers, and under Capital Quality, licensed non-subsidy providers may also elect to participate. The quality level determines the reimbursement rate both under Going for the Gold and Capital Quality. In Capital Quality, providers will be reimbursed based on four tiers of quality, with the highest level of quality receiving the highest reimbursement rate.

Participation is required for all providers.

- b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.

- ✓ Licensed child care centers
- ✓ Licensed family child care homes
- License-exempt providers
- ✓ Early Head Start programs
- ✓ Head Start programs
- ✓ State prekindergarten or preschool programs
- Local district-supported prekindergarten programs
- ✓ Programs serving infants and toddlers

- Programs serving school-age children
- ✓ Faith-based settings
- Tribally operated programs
- Other. Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No.
- ✓ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - ✓ Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system).
 - ✓ Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - ✓ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
 - ✓ Other. Describe: The Capital Quality 10 quality indicators are aligned with national accreditation standards (e.g. National Association for the Education of Young Children, National Association for Family Child Care, etc.) and are a part of the self-assessment that all participating providers complete. Capital Quality includes 10 quality indicators that are used for providers to complete a web-based self-assessment of their programs. Capital Quality requires programs to address the following program elements:
 1. Results of the CLASS™ for Preschool and Pre-K and/or ITERS-R and/or FCCERS-R
 2. Attendance
 3. Mission statement
 4. Culturally and linguistically responsive practices

5. Inclusion practices
6. Curriculum aligned to DC Common Core Early Learning Standards
7. Formal assessments that are aligned to curriculum and informal assessments
8. Developmental screenings
9. Professional development
10. Family Engagement

Accreditation is not mandatory and does not determine the level of quality.

- None.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No.

- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.
- Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - Embeds licensing into the QRIS.
 - State/territory license is a "rated" license.
 - Other. Describe:
 - Not linked.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS.

No.

- Yes. If yes, check all that apply.
- One time grants, awards, or bonuses
 - Ongoing or periodic quality stipends
 - Higher subsidy payments
 - Training or technical assistance related to QRIS
 - Coaching/mentoring
 - Scholarships, bonuses, or increased compensation for degrees/certificates
 - Materials and supplies
 - Priority access for other grants or programs
 - Tax credits (providers or parents)
 - Payment of fees (e.g., licensing, accreditation)
 - Other:
 - None

- 7.4.6 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. . Surveys are collected from participants following each community of practice, as well as monthly surveys conducted by an external evaluator related to their experience with their quality facilitator. OSSE seeks feedback throughout the year from participating providers. Additionally, Capital Quality includes 10 quality indicators that are used for providers to complete a web-based self-assessment of their programs. OSSE collects and analyzes this data annually. In addition to the self-assessment, OSSE collects and analyzes data from the CLASS Pre-K, ITERS-R, FCCERS-R and attendance for pre-K. This data is used to evaluate progress and determine areas where supports are needed.

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.

- 7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.
- ✓ Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: The Office of the State Superintendent of Education (OSSE) received one of eight state level Early Head Start-Child Care Partnership (EHS-CCP) grants to provide high quality, comprehensive, early childhood development services to at-risk children in wards 1, 4, 5, 6, 7, and 8; the wards demonstrating the most need and which have the highest at-risk populations. These funds were layered with local funds supported by the Early Learning Quality Improvement Network Amendment Act of 2015 to create and support three community-based Quality Improvement Networks (QIN) comprised of three neighborhood-based hubs (two of the three are funded by local and federal funds and one of the three is funded by local funds only) that are responsible for providing comprehensive services and quality improvement technical assistance to a network of child

development centers and child development homes. These centers and homes agreed to meet Early Head Start Program Performance Standards and use funds to provide services to EHS-eligible and low income children through converting existing subsidy slots or adding EHD-CCP slots. Funds are used to cover technical assistance and the provision of comprehensive services. At the time of writing, this grant has contributed to the following outcomes: provision of service to 200 children (using federal funds) and an additional 294 (using local and philanthropic funds). While this grant will come to a conclusion in the fall of 2019, OSSE plans to re-apply for federal funding and continue to commit local funds for this initiative beyond the conclusion of the grant.

- ✓ Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: As part of the Quality Improvement Network (QIN), OSSE awarded a locally funded grant to a community-based organization to serve as a hub and provide technical assistance and training and coordinate comprehensive services for a network of child development homes that primarily serve infants and toddlers. The hub agency supports fourteen child development home providers and continues to recruit home providers out of its existing partnerships established through the Licensing and Technical Assistance grant from OSSE. The hub is supporting the network in achieving Early Head Start quality in their programs. The hub provides continuous job embedded professional development and coaching to the staff, comprehensive services, health services, support in nutrition and wellness, as well as support to engage families in the programs. OSSE also awarded a locally funded grant to a shared services business alliance for child development homes to enhance efficiencies and allow home providers to have more time and resources to focus on quality improvement strategies.
- ✓ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The QIN coaches and infant and toddler specialists are trained in the PITC coaching model and provide weekly coaching and support to infant and toddler teachers. By Jan. 2019 all subsidy providers will be included in the Capital Quality program, through this program, each provider receives individualized technical assistance from an assigned quality facilitator. Additionally, participating providers attend monthly community of practice meetings.
- ✓ Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe: The District develops and maintains a number of networks of qualified infant-toddler specialists who support child development centers and homes by providing coaching, mentoring and/or technical assistance on infants' and toddlers' unique needs. These networks include the grant-funded Quality Improvement Network (QIN) coaches, grant-funded Quality Rating and

Improvement System (QRIS) quality facilitators, and Trainer Approval Program (TAP) trainers. QIN coaches work directly with child development centers and homes onsite to provide coaching and technical assistance toward alignment to Early Head Start Program Performance Standards. QRIS quality facilitators coach center directors and home providers in the development of a continuous quality improvement plan for their facility, providing tailored technical assistance around 10 quality indicators. These services are free-of-cost to child development centers and homes, and both the QIN and QRIS networks facilitate opportunities for peer mentoring through ongoing Community of Practice sessions for center directors and home providers. The District has approved over 110 TAP trainers who are certified to train center directors, teachers and home providers in any of the 11 specific areas of knowledge and skill that the District requires of early childhood professionals to work effectively with young children and families. The cost of this training and technical assistance is negotiated between TAP trainers and child development centers and homes. The District also networks with sister agencies and partner organizations to provide free-of-cost training and technical assistance, including the following courses specific to infants and toddlers: The DC Common Core Early Learning Standards; Infant Safe Sleep Practices; ITERS-R and FCCERS-R training; Stewards of Children; Nutrition for Infants and Toddlers; Ages and Stages Questionnaire; Developmentally Appropriate Practice for Infants and Toddlers; Trauma and Resilience: Building Strength in Children.

- ✓ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: The OSSE is the lead agency for the District's Early Intervention (Part C) Program (DCEIP). The mission of the DC Early Intervention Program is to identify and serve infants and toddlers, birth through two (2) years, with developmental delays and disabilities and their families. As the single point of entry for infants and toddlers with suspected developmental delays and disabilities from birth to the third birthday, DC EIP identifies and evaluates infants and toddlers with suspected developmental delays and provides high quality, age appropriate early intervention services for eligible infants/toddlers and their families. DC EIP coordinates services in a caring manner that supports the culture and meets the needs of families. OSSE incorporates the requirements under IDEA, Part C - Comprehensive System of Personnel Development (CSPD); monitoring and compliance; fiscal oversight; training and technical assistance; data collection and reporting; public awareness; procedural safeguards and policy development. In its overall administration, DCEIP maintains both in-house and contracted staff to provide child find; evaluation/assessments; direct early intervention services; and service coordination. DC EIP serves over 1,500 children and their families per year.

- ✓ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: OSSE uses the Infant and Toddler Environment Rating Scale-Revised and the Family Child Care Environment Rating Scale-Revised. Providers receive training and support leading up to and following the annual assessment.
- ✓ Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: The licensing regulations have standards that are specific to Infants and toddlers. Some examples include ratio, group size, indoor program space requirements, and general furnishing, food and nutrition, equipment and supplies requirements.
- ✓ Developing infant and toddler components within the early learning and developmental guidelines. Describe: In a response to the evolution of the standards movement in early childhood education, the District of Columbia revised its early learning standard in 2012 and is currently in the process of considering updates (subject to approval by the DC State Board of Education. The DC Common Core Early Learning Standards have a continuum of learning and development expected of all young children from birth through Kindergarten. They include alignment with the Common Core Standards for English Language Arts and Mathematics. They are also aligned with the Head Start Child Development and Early Learning Framework, thus ensuring that all children will receive the same standards-based instruction regardless of program. The Early Learning standards include indicators for infants, toddlers, two year olds, preschoolers (3s and 4s) and the exit expectations for children leaving pre-Kindergarten and Kindergarten.
- ✓ Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: A grant has been awarded to a child care resource and referral agency (CCR&R) to provide consumer education to families. The CCR&R provides parents with a provider listing and current Quality Rating and Improvement System (QRIS) rating information. The CCR&R also provides updates and content for the publicly available My Child Care DC, a resource for parents to find appropriate child care. This website will also list the Capital Quality rating once programs are rated under the new system. Additionally, informational brochures are distributed to parents that address the importance of quality and different child care options in the District. CCR&R shares program information with families seeking child care through a variety of mediums including an online database, walk-in consultation and phone referrals. This grant is scheduled to conclude September 30, 2019. OSSE plans to re-launch this grant to continue this work beyond the conclusion of this grant.
- ✓ Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which

there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe: The Early Head Start Child Care Partnership grant will increase the supply of high-quality infant and toddler care in the District of Columbia (DC) by providing a model for scaling up quality improvement efforts for infants and toddlers across the District.

- ✓ Other. Describe: DC has created a new grant to support the creation of 1,000 new infant and toddler seats over the next three years. Specifically, the Access to Quality Child Care Grant has been awarded to a community development financial institution, which will leverage local funds to add 1,000 sustainable infant and toddler slots to the current supply in the District through issuance of sub-grants as well as the provision of loans issued directly to child development facilities to fund establishing new or expanding existing child development facilities. This grant aims to expand the supply of quality, affordable child care for infants and toddlers. Additionally, the Bainum Family Foundation is funding an additional 750 high-quality slots in wards 7 and 8 through the Quality Fund Investment.

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. Increase the number and quality of trainings provided to infant and toddler professionals; Increase the percentage of professionals completing infant and toddler trainings; Increase by 10 percent annually the number of facilities that improve its quality rating; and decrease the number of health and safety compliance issues identified in child care licensing programs serving infants and toddlers. The state has met these measures through monthly community of practice meetings, as well as the webinars and onsite technical assistance.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.. OSSE provides a grant to a local community-based organization to operate the state-wide CCR&R system, providing families and providers with responsive services and evidence-based supports that promote high-quality early care and education in the District of Columbia. The CCR&R includes a hotline, two walk-in service centers with lending libraries, and a website. The CCR&R tracks each contact made with families, providers and others made over the phone, by email, on their

website and in person. This information is tracked in an online Quickbase application and is reviewed and analyzed on a monthly basis. They also track enrollment and attendance at the professional development they offer and help to coordinate. The measurable indicators relevant to progress made in improving the quality of child care programs and services within the District of Columbia include the numbers of contacts made with families (e.g., for child care referrals) and providers (e.g., for technical assistance), visits to the website and lending libraries, books and other resources downloaded and borrowed from the website and lending libraries, and enrollment and attendance at the professional development trainings.

7.7 Facilitating Compliance With State Standards

- 7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:
- OSSE provides, through its Child Care Resource and Referral (CCR&R) program, free training options for meeting both licensing standards, as well as, mandatory health and safety trainings. All facilities and their staff are provided with a free annual subscription to an e-learning platform, Quorum, for obtaining the needed annual health and safety trainings. The quality facilitators in Capital Quality, DC's redesigned quality rating and improvement system, also work with providers to support their licensing, health and safety preparedness. Additionally, the DC Shared Services Business Alliance (the Alliance) grant provides home providers with site visits, direct technical assistance and explicit guidance for preparing for inspections, which includes a pre-inspection environmental checklist with tangible resources to meet requirements (e.g., outlet covers). The Alliance provides trainings aligned with both licensing standards and health and safety topics
- 7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No.

- ✓ Yes. If yes, which types of providers can access this financial assistance?
- ✓ Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - ✓ **Other.** Describe: OSSE provides every licensed facility and their staff with free subscriptions to Quorum, an e-learning platform, to complete trainings that include CCDF-related health and safety required trainings. Required trainings not available through Quorum are offered through the CCR&R at no cost to participants. Additionally, OSSE pays for needed health and safety related clearances such as, FBI background checks and fire inspections.

7.7.3 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The Capital Quality, quality rating, will allow us to track the progress of centers and homes in meeting and exceeding expectations. The Capital Quality rating is calculated using the Classroom Assessment Scoring System for pre-K and the Environment Rating Scales for centers and homes. Additionally, in-seat attendance will be used for children participating in pre-K classrooms.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children. In an effort to evaluate the effectiveness of programming and the quality of early childhood services throughout the District, OSSE has invested large-scale program quality evaluation. For pre-K programs, this strategy has been implemented using the Classroom Assessment Scoring System (CLASS™ pre-K), as well as providing teachers and program leaders with professional learning opportunities around best practices in interactions with preschoolers. In the 2017-2018 year, OSSE has expanded the reach of system-wide evaluation, including the observation and program quality assessment of all publicly funded infant and toddler programs across the city using the Infant/ Toddler Environment Rating Scale- Revised (ITERS-R) and the Family Child Care Environment Rating Scale Revised (FCCERS-R). OSSE will use the Early Development Instrument, a population-based measure of school readiness to measure improvements in child outcomes.

7.8.2 Describe the measurable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The following are a description of instruments used for program quality evaluation, teacher effectiveness observation and student outcome evaluation.

Program Quality Evaluation: ITERS-R is an observation instrument designed to assess programs for children from birth to 30 months of age. It measures spatial, programmatic, and interpersonal features of the program environment. ITERS-R has 39 items that are organized into seven subscales: 1) Space and Furnishings, 2) Personal Care Routines, 3) Listening and Talking, 4) Activities, 5) Interaction, 6) Program Structure, and 7) Parents and Staff. Scoring of this instrument ranges from 1 (inadequate), 4 (minimal), and 7 (excellent). FCCERS-R is an observation instrument designed to assess family child care programs conducted in a provider's home for children from infancy through school-age. It measures spatial, programmatic, and interpersonal features of the program environment. This

instrument contains 37 items and seven subscales: 1) Space and Furnishings, 2) Personal Care Routines, 3) Listening and Talking, 4) Activities, 5) Interaction, 6) Program Structure, and 7) Parents and Provider and contains 43 items. Scoring of this instrument ranges from 1 (inadequate), 4 (minimal), and 7 (excellent).

Teacher Effectiveness Evaluation: CLASS Pre-k: The CLASS Pre-K has nine subscales to assess classroom quality in terms of emotional and instructional climate and quality of teacher-child interactions, which includes classroom management and instructional supports for learning. Each subscale is rated on a 7-point scale ranging from 1 or 2 (classroom is low on that dimension) to 6 or 7 (classroom is high on that dimension).

Student Outcome Evaluation: The Early Development Instrument (EDI) tool is an assessment that provides a population based measure of how young children are developing in neighborhoods in the United States. This information can be useful in improving policies, as well as, allocating resources and community level strategies to improve school readiness for children birth to 5 years old. The information from EDI benefits teachers, schools, & communities in a variety of ways: - Provides a community measure of school readiness that can be used to look back and assess how the early childhood community can better prepare children for school, as well as, look forward to inform how to address the needs of the incoming class of kindergarten students - Helps forge partnerships between schools and the broader community of early childhood stakeholders.

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- ✓ Yes, the state/territory has supports operating statewide or territory-wide. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Support is offered in reference to accreditation through several grantees, which includes, Capital Quality, DC's redesigned Quality Rating and Improvement System and through the shared services business alliance for family child care providers, etc. Through Capital Quality, participating providers are assigned a quality facilitator that works with them on a weekly basis to support their needs, including support with accreditation if needed. Additional resources are also available through the CCR&R.

Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe:

No, but the state/territory is in the accreditation development phase.

No, the state/territory has no plans for accreditation development.

7.9.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The Capital Quality 10 quality indicators are aligned with national accreditation standards (e.g. National Association for the Education of Young Children, National Association for Family Child Care, etc.) and are a part of the self-assessment that all participating providers complete. Capital Quality includes 10 quality indicators that are used for providers to complete a web-based self-assessment of their programs. Capital Quality requires programs to address the following program elements:

1. Results of the CLASS™ for Preschool and Pre-K and/or ITERS-R and/or FCCERS-R
2. Attendance
3. Mission statement
4. Culturally and linguistically responsive practices
5. Inclusion practices
6. Curriculum aligned to DC Common Core Early Learning Standards
7. Formal assessments that are aligned to curriculum and informal assessments
8. Developmental screenings
9. Professional development
10. Family Engagement

Accreditation is not mandatory and does not determine the level of quality.

7.10 Program Standards

7.10.1 How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to:

- ✓ Health. Describe the supports: Health is supported through Capital Quality, DC's redesigned quality rating and improvement system, Child Care Resource and Referral and the Quality Improvement Network. These programs provide training and technical assistance to support providers in maintaining healthy, safe and nutritious environments. Additionally, the District promulgated new licensing regulations in Dec. 2016 that incorporate key components of the Caring for Our Children Standards. Included in the new licensing regulations are higher education requirements for staff. With the passage of the District of Columbia's Healthy Tots Act (HTA) in 2014, child development programs serving more than 50 percent children eligible for subsidy are required to participate in the Child and Adult Care Food Program (CACFP). The HTA provides an additional enhancement to each meal as an incentive and outlines standards for physical health and well-being.
- ✓ Mental health. Describe the supports: The Division of Early Learning partners with the Department of Behavioral Health to provide mental health consultants for

providers participating in the Quality Improvement Network through the Healthy Futures program.

- ✓ Nutrition. Describe the supports: As mentioned previously, programs serving more than 50 percent children eligible for subsidy are required to participate in the CACFP.
- ✓ Physical activity. Describe the supports: Capital Quality participants may earn incentives by completing their continuous quality improvement plan. The items purchased with the incentive also align to the Environment Rating Scales, which are used to assess infant and toddler classrooms, as well as family child care homes.
- ✓ Physical development. Describe the supports: Trainings are available related to physical development through the online learning platform, Quorum, as well as in-person through the Child Care Resource and referral.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Capital Quality ratings will be used to evaluate progress in improving the quality of child care programs and services within the District of Columbia. We are also in the process of conducting a community needs assessment that will allow us to identify gaps and additional supports needed to improve health and safety for all children in DC.

7.11 Other Quality Improvement Activities

7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. All providers throughout the District have access to free professional development through OSSE, both in-person, and through online web-based system. OSSE also has a Help Desk for providers who have questions, all questions are answered either immediately or within one business day. There are also mentorship programs, presentations at local facilitates on resources and public-private partnerships that support quality child care services. OSSE also provides assistance through the form of grants and scholarships to assist providers in meeting higher education requirements. Additionally, we also provide incentives to providers participating in Capital Quality in order to support them in meeting quality expectations.

The District also collects information on 4 year olds through the Early Development Instrument (EDI) . The EDI provides a holistic, citywide snapshot of young children's health, development, and school readiness and looks at outcomes across five domains: emotional maturity, social competence, language and cognitive development, physical health and

well-being, and communication skills and general knowledge. In 2016, the Office of the State Superintendent of Education (OSSE), in partnership with the Center for Healthier Children, Families, and Communities at UCLA, administered the EDI to more than 4,600 students in 116 DC schools and community-based organizations. In 2019, the District will launch the second EDI data collection for all pre-K year olds. This second cohort will provide useful indicators of progress to help better understand how children are faring and what policies or programs are needed to address the needs of incoming kindergartens as they transition from early learning settings..

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

- ✓ Issue policy manual
- ✓ Issue policy change notices
- ✓ Staff training. Describe: Orientations
- ✓ Ongoing monitoring and assessment of policy implementation. Describe: The Eligibility Monitoring Unit provides training and technical assistance to eligibility staff on policies and procedures, including updates and changes. Formal training is conducted quarterly, and informal technical assistance is administered on an as-needed basis.
- ✓ Other. Describe: Regular check-ins and feedback sessions with staff and providers to monitor implementation of the new policies, ensuring their full implementation.

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds, including the following:

- ✓ Verifying and processing billing records to ensure timely payments to providers. Describe: Expenditures of CCDF funds for direct services are expended in a timely

manner to providers, adhering to the District's 30 Day Quick Payment Act. Invoices are submitted by the fifth business day of the month from providers to OSSE via the web-based Online Attendance Tracking System (OATS), and attendance is reviewed and verified by the assigned Attendance Coordinator for each provider site. Verified attendance is sent to the District's Chief Financial Officer Accounts Payable department who provides additional verification and approval before the payments are processed.

CCDF discretionary funds are either disbursed through a purchase order that was obtained through the District's procurement process, or via the Enterprise Grants Management System (EGMS). Both methods are standard agency wide, and adhere to all generally accepted accounting principles and practices

- ✓ Fiscal oversight of grants and contracts. Describe: OSSE monitors all CCDF sub-recipients. Written grant agreements or contracts are in place for all sub-contractors and/or sub-grantees that include deliverables and a detailed scope of work to ensure compliance with all federal and District laws, policies and regulations. OSSE requires all sub-recipients to participate in ongoing trainings and meetings, particularly for first-time sub-recipients. Early post-award meetings cover the specific work to be done as well as provide a review of all of OSSE's financial and programmatic policies and procedures and relevant local and federal regulations. Ongoing trainings and meetings are used to troubleshoot new issues as well as provide updates and / or reminders of information provided in the early post-award meetings.
- ✓ Tracking systems to ensure reasonable and allowable costs. Describe: OSSE has implemented the Enterprise Grants Management System (EGMS) for the fiscal management of grants. The system was designed to improve the management and administration of federal and local grants managed by OSSE. EGMS provides users with information on the status of grant applications, awarded amounts, expenditures to date and payment status of pending reimbursements. EGMS offers sub-grantees more convenience with a centralized location to manage the following: Identification of and application to OSSE grants, submission of programmatic and / or fiscal amendments to the original application, and submission of electronic reimbursement requests with required supporting documentation. The system has enhanced operational efficiencies, security architecture, central data storage and warehousing, increased transparency, workflow automation and performance accountability.

OSSE's grants management and program staff review monthly reimbursement requests in EGMS to determine that all expenses are aligned with the grantees' scope of work and approved budget. Reimbursement requests are reviewed by two

internal OSSE staff members to ensure costs are: being expended against the approved budget, and are allowable, reasonable, and allocable.

These requests, alongside programmatic reports and onsite monitoring, provide a thorough review of the grantee's compliance with OSSE's approved programmatic application, work plan, and budget.

- ✓ **Other.** Describe: OSSE conducts annual onsite monitoring visits and program evaluations to sub-recipients. Each program maintains records on file for a minimum period of three years. These records must be accessible at all times for review upon request by officials from the District of Columbia Government or the Federal Government. On-site visits support efforts to maintain quality and ensure compliance with OSSE grant and contractual agreements, inclusive of OSSE's internal policies and procedures, and relevant DC and Federal regulations.

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

- ✓ Conduct a risk assessment of policies and procedures. Describe:
- ✓ Establish checks and balances to ensure program integrity. Describe: CCDF-funded grants are cost reimbursable in nature, minimizing risk of improper spending. Costs are first incurred by the sub-grantee according to an approved budget. The sub-grantee then submits requests for reimbursement, indicating the linkage to the budget and providing supporting documentation to substantiate that costs are allowable, reasonable and allocable. Two internal OSSE reviewers conduct a desk review of the reimbursement requests to confirm adherence to the budget and applicable federal cost principles, as previously outlined before approving them for payment. All rounds of submission and OSSE responses are recorded in the EGMS system. CCDF-funded contracts are managed in the electronic PASS system, which enables.
- ✓ Use supervisory reviews to ensure accuracy in eligibility determination. Describe: Eligibility determinations are conducted by the DC Department of Human Services (DHS) Child Care Services Division (CCSD) and designated child care providers (referred to as Level 2 providers).
 - Eligibility determinations are reviewed and approved by the DHS CCSD supervisor for new employees until the employee demonstrates proficiency in the determination process. The lead agency reviews and approves eligibility records for new level 2 providers until the level 2 provider demonstrates proficiency in the determination process.

- The Eligibility Monitoring Unit conducts annual audits to ensure the accuracy of the eligibility determinations.
 - 3% of DHS records are audited annually by the lead agency
 - 100% of Level 2 records are audited annually by the lead agency^[GE(1)]
 - 50% of Level 2 records are audited annually by the lead agency for providers with 31-100 records
 - 30% of Level 2 records are audited annually by the lead agency for providers with more than 100 records

Other. Describe:

8.1.4 Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a) Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.
- ✓ 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)).
 - ✓ Run system reports that flag errors (include types). Describe: OSSE uses a "Pending Eligibility Report" to identify pending and late eligibility redeterminations errors. OSSE also uses the "Annual Eligibility Assessment Review Report" to flag errors.
 - ✓ Review enrollment documents and attendance or billing records.
 - ✓ Conduct supervisory staff reviews or quality assurance reviews.
 - ✓ Audit provider records.
 - ✓ Train staff on policy and/or audits.
 - ✓ Other. Describe: The OSSE' Division of Early Learning (DEL) collaborates and shares data with the District's Department of Health and Department of Human Services. This includes data about TANF and other social programs; A "Pending Eligibility Review Report" is conducted every month for Level II providers. Level II providers are child care providers who have agreements with OSSE to conduct their own eligibility. The Department of Human Services (DHS) is encouraged to run this report for cases that they manage every month. A percentage of the Level II provider's records are audited once a year. The review focuses on the six factors of Eligibility: Age, Relationship, Residency, Legal Status (of the child), Need, and Income; and Records managed by DHS are randomly reviewed annually at a rate of 3%.

During the eligibility audits, the eligibility monitors review documents for accuracy and ensure that there are proper procedures in place during the intake and records maintenance process.

Determinations involving provider "Stop Placement" (of children) or terminations from the subsidy program must be signed off by the supervisor. Additionally, before providers are paid for a month of services, a senior level supervisor must authorize the Accounts Payable Unit to process the monthly payment.

Staff in the Division of Early Learning (DEL) and the Data, Accountability and Research (DAR) Division use data mining techniques to determine historic changes in rates and whether rate changes coincided with tier and payment adjustments.

The education services monitors and eligibility monitors conduct quarterly trainings for providers on attendance and eligibility policies. Providers may also receive individual trainings if requested.

b) Check which activities the Lead Agency has chosen to conduct to identify administrative errors.

- ✓ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).
- ✓ Run system reports that flag errors (include types). Describe: OSSE staff use the "Pending Eligibility Report" to identify pending and late eligibility redeterminations errors. OSSE also uses the Annual Eligibility Assessment Review Report to flag errors.
- ✓ Review enrollment documents and attendance or billing records.
- ✓ Conduct supervisory staff reviews or quality assurance reviews.
- ✓ Audit provider records.
- ✓ Train staff on policy and/or audits.
- ✓ Other. Describe: The OSSE eligibility team collaborates and shares data with the District's Department of Health and Department of Human Services. This includes data about TANF and other social programs.

A "Pending Eligibility Review Report" is conducted every month for Level II providers. Level II providers are child care providers who have agreements with OSSE to conduct their own eligibility. The Department of Human Services (DHS) is encouraged to run this report for cases that they manage every month.

A percentage of the Level II provider's records are audited once a year. The review focuses on the six factors of Eligibility: Age, Relationship, Residency, Legal Status (of the child), Need, and Income.

Records managed by DHS are randomly reviewed annually at a rate of 3%.

The Education Services Monitors conduct yearly visits to Level II sites to ensure that the programs are in alignment with District policies and procedures. During the visits the program's quality and curriculum are assessed. During the eligibility audits, the Eligibility Monitors review documents for accuracy and ensure that there are proper procedures in place during the intake and records maintenance process.

Determinations involving provider "Stop Placement" (of children) or terminations from the subsidy program must be signed off by the supervisor. Additionally, before providers are paid for a month of services, a senior level supervisor must authorize the Accounts Payable Unit to process the monthly payment.

Staff in the Division of Early Learning (DEL) and the Data, Accountability and Research (DAR) Division use data mining techniques to determine historic changes in rates and whether rate changes coincided with tier and payment adjustments. The Education Services Monitors and Eligibility Monitors conduct quarterly trainings for providers on attendance and eligibility policies. Providers may also receive individual trainings if requested.

- 8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.
- a) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:
- ✓ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \$100
 - ✓ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
 - ✓ Recover through repayment plans.
 - ✓ Reduce payments in subsequent months.
Recover through state/territory tax intercepts.
Recover through other means.

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Other. Describe:

- b) Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations. All suspected cases for fraud must be referred to OSSE's Division of Early Learning for review. If OSSE suspects fraud or intentional program violations, OSSE forwards the matter to the DC Office of the Inspector General, via the District's hotline to report waste, fraud, and abuse. If the District determines fraud has occurred, further action may be taken, such as collection of the funds improperly spent on child care or referral to the Office of the Attorney General for possible criminal prosecution. Applicants whose fraudulent behavior has been confirmed through investigation may be permanently barred from receiving child care subsidy services through the DC subsidy program.

- c) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:

- ✓ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \$100
- ✓ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
- ✓ Recover through repayment plans.
- ✓ Reduce payments in subsequent months.
Recover through state/territory tax intercepts.
Recover through other means.
Establish a unit to investigate and collect improper payments. Describe:
Other. Describe:

- d) Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.

- ✓ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \$100
- ✓ Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).
- ✓ Recover through repayment plans.
- ✓ Reduce payments in subsequent months.
Recover through state/territory tax intercepts.
Recover through other means.
Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
Other. Describe:

- 8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

- ✓ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Every applicant or recipient has the right to appeal a decision made by the Department of Human Services/ Child Care Services Division (DHS/CCSD) Eligibility Worker or Level II Eligibility Worker as a result of any adverse action: Denial of application; Termination of services; Dispute over the amount of the co-payment; and the applicant's record of payment.
 - The DHS/CCSD Eligibility Worker or Level II Eligibility Worker must inform the applicant or recipient of: Their right to appeal any decision; The process for requesting an Administrative Hearing and the action steps that must be taken if requested; The requirement for the appeal to be in writing and filed (i.e. received) within 15 calendar days of the adverse action; The availability of the Eligibility Worker to assist any applicant who conveys orally the desire to appeal a decision, in writing the appeal if requested. The applicant must sign the appeal request after review and approval; The freeze on service provision if the case is in the application stage until an appeal decision is rendered; The continuation of existing services with a timely request (within 15 calendar days of notification of the adverse action) until a decision is rendered; The possible discontinuation of services when the behavior of the parent/guardian or child creates a severe disruption to the child care program or a physical threat to the staff, children, or others, in this case the provider is not required to have further contact with the family; The scheduling of a hearing by the Office of Administrative Hearings; The possibility of the need for additional documentation by a Hearing Officer; The expected completion of the process by the Hearing Officer within 60 days after the date of receipt of the original request; and The finality of the decision made by the Administrative Hearing Officer; and Receipt of the decision by the Hearing Officer in writing to all parties.

- ✓ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. The Education Services Monitors shall in any instance where there is evidence that the provider has submitted fraudulent documentation with the intention of obtaining payment from the District of Columbia, OSSE shall exercise the right to terminate the Child Care Subsidy Agreement for non-compliance and shall refer suspected cases of waste and fraud for investigation to OSSE's General Council and/or the District of Columbia's Office of the Inspector General and request termination of the agreement. When a provider has been terminated due to substantiated instance of fraud a provider will be designated as an Excluded Party pursuant to DC Code 2-308.04 and the provider cannot solicit any contract with the District of Columbia Government for a period of thirty-six (36) months.

- The process to appeal a disqualification begins with an attempt at informal resolution process. If that process is unsuccessful, the Provider may submit a formal written request to the Assistant Superintendent of Early Learning. Which includes an opportunity for an informal conference, and concludes with a written decision. Finally, the Provider may appeal the written decision of the Assistant Superintendent of Early Learning by submitting a written request for an appeal and reconsideration to the State Superintendent within fifteen calendar days of receipt of the decision. The Superintendent shall review the decision and any objections from the Provider, and issue a written decision that resolves the dispute within thirty calendar days of the receipt of the Provider's Appeal

Prosecute criminally.

Other. Describe: